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LOS ANGELES COUNTY

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February 12, 2008

Honorable Board of Supervisors  
County of Los Angeles  
Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**AMENDMENT OF THE BYLAWS OF THE PROFESSIONAL  
STAFF ASSOCIATION OF THE LOS ANGELES COUNTY  
OLIVE VIEW-UCLA MEDICAL CENTER  
(5th District - 3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

Approve, and instruct the Chairman to sign, the attached Bylaws of the Professional Staff Association (PSA) of the Los Angeles County Olive View-UCLA Medical Center as amended (Exhibit I), effective upon Board approval and continuing for an indefinite period of time, with no fiscal impact.

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION:**

In approving this action, the Board is authorizing revisions to the Bylaws of the Professional Staff Association of the Los Angeles County Olive View – UCLA Medical Center. These revisions are recommended at this time to bring the bylaws into conformity with changes in state, federal and Joint Commission requirements, to clarify certain existing provisions and to make changes to improve the functioning of the PSA.

Section 2.76.540 of the Los Angeles County Code provides for the establishment of professional staff associations and privileges for professional staff in County hospitals. This code section requires that such organizations function in accordance with bylaws which have been approved by the Board of Supervisors. The Olive View PSA Bylaws were last approved by the Board of Supervisors on April 12, 2005.

For your convenience, a copy of the Bylaws which "redline" the changes is enclosed at Exhibit II.

**FISCAL IMPACT/FINANCING:**

None. There are no monetary payments associated with these Bylaws.

FACTS AND PROVISIONAL/LEGAL REQUIREMENTS:

Significant changes to the Bylaws are as follows. In addition, other minor clarifying or technical changes are being made.

1. Include an acknowledgement that quality medical care depends on the mutual accountability, interdependence and responsibility of the medical staff, hospital administration and the governing body.
2. Expand the scope of the bylaws to apply to freestanding clinics that are part of Valley Care.
3. Add a provision which allows a terminated or transferred member of the PSA to remain a member of the medical staff if either his or her Department chair requests it, or if the Executive Committee grants a pre-termination request by the member. Currently, the Executive Committee may continue such membership, which otherwise automatically terminates on the transfer or termination of an employed physician, without a request by the effected physician or the Department chair.
4. Clarify the PSA members' obligations with respect to the completion of history and physicals.
5. Modify the definitions of each category of PSA membership to clarify the qualifications, and to specify the minimum number of cases to be proctored.
6. Require that the National Practitioner Data Bank and Office of the Inspector General's List of Excluded Individuals be queried as part of the appointment and reappointment processes and that the results of such queries be used making a decision on the qualifications of a practitioner. Further, require the consideration of information on Drug Enforcement Agency certification during appointment and reappointment.
7. Restrict the rights of unsuccessful applicants, or certain terminated members, to reapply for membership within a certain period of time, and require the re-applicant to demonstrate that the circumstances that lead to the denial or termination have been rectified.
8. Add provisions which address the assignment of clinical privileges for new procedures which involve more than one department. Also add provisions which restrict the granting of privileges for services which are outside of the hospital's approved scope of services or budget.
9. Allow the Associate Medical Director to grant or terminate temporary privileges, and clarify the provisions related to disaster privileges to conform to revised requirements of The Joint Commission.
10. Add referral of the practitioner to the Medical Staff Aid Committee to the list of corrective actions that the Executive Committee may recommend.

11. Add authority for the PSA automatically to terminate a practitioner's membership completely if the member is excluded from a federal health care program. Also add authority automatically to suspend membership with respect to new admissions when the practitioner has failed to complete medical records. Before being suspended, the practitioner must be notified that his or her records were incomplete.
12. Modify meeting procedures by revising the definition of quorum to be 20% of the voting members or at least three members, whichever is greater, and by allowing certain meetings to occur or members to participate electronically, at the discretion of the chair. These latter provisions are designed to make participation easier.
13. Provide that, in the event that the President-elect takes over the functions of the President because of a vacancy, the Executive Committee will appoint a new President-elect.
14. Clarify that elected officers may be removed if they cease to meet the qualifications for the office.
15. Modify the duties of the Executive Committee as they relate to contracted services by allowing it to make recommendations only on certain topics and only as long as those recommendations are made within a specified period of time.
16. Clarify the duties of both the Healthcare Quality Board Committee and the Patient Safety Committee to assure compliance with The Joint Commission's requirements.
17. Assure that medical research on human subjects is limited to studies conducted in accordance with an approved protocol.
18. Modify the rules on confidentiality to clarify who has access to confidential information on a practitioner, and to specify the conditions under which members may have access to their records and may request them to be corrected.
19. Add a provision giving PSA members a right to indemnification from the County in connection with good faith participation in peer review or quality improvement activities. The County will have the right to control the defense in such matters.
20. Clarify that the Director, in many cases, acts on behalf of the governing body.

County Counsel has approved these Bylaws amendments (Exhibit I) as to form.

CONTRACTING PROCESS:

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

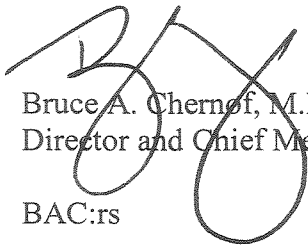
None.

CONCLUSION:

The Department of Health Services is recommending that the Board approve the Bylaws of the PSA as amended.

When approved, this Department requires four signed copies of the Bylaws.

Respectfully submitted,



Bruce A. Chernof, M.D.  
Director and Chief Medical Officer  
BAC:rs

Attachment (2)

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors



**BYLAWS  
OF THE  
PROFESSIONAL STAFF ASSOCIATION  
OF THE  
LOS ANGELES COUNTY  
OLIVE VIEW-UCLA MEDICAL CENTER**

## TABLE OF CONTENTS

Preamble		1
Definitions		2
ARTICLE I:	NAME	4
ARTICLE II:	MEMBERSHIP	
	Section 1: Nature of Membership	4
	2: Qualifications for Membership	5
	3: Conditions and Duration of Appointment	6
	4: Basic Responsibilities of Association Membership	6
ARTICLE III:	CATEGORIES OF ASSOCIATION MEMBERSHIP	
	Section 1: Provisional Staff	8
	2: Active Staff	9
	3: Consulting Staff	9
ARTICLE IV:	PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT	
	Section 1: Application for Appointment	9
	2: Appointment Process	11
	3: Reappointment Process	14
	4: Change in Membership Category or Clinical Privileges	16
ARTICLE V:	CLINICAL PRIVILEGES	
	Section 1: Delineation of Clinical Privileges	16
	2: Temporary Privileges	17
	3: Emergency Privileges	19
	4: Telemedicine	20
ARTICLE VI:	CORRECTIVE ACTION	
	Section 1: Routine Corrective Action	20
	2: Summary Suspension	22
	3: Automatic Suspension	23
	4: Exhaustion of Remedies	26
ARTICLE VII:	HEARING AND APPELLATE REVIEW PROCEDURE	
	Section 1: Definitions	26
	2: Request for Hearing	26
	3: Hearing Procedure	28
	4: Appeal to Director	30
	5: Exhaustion of Remedies	32
ARTICLE VIII:	MEETINGS	
	Section 1: Annual Association Meetings	32
	2: Special Association Meetings	33
	3: Committee and Department Meetings	33
	4: Notice of Meetings	33
	5: Quorum	33
	6: Conduct of Meetings	34
	7: Manner of Action	34

	8: Minutes	34
	9: Attendance Requirements	34
	10: Confidentiality	35
ARTICLE IX:	OFFICERS	
Section	1: Officers of the Association	36
	2: Qualifications	36
	3: Election of Officers and Association Members At Large	36
	4: Term	37
	5: Vacancies	37
	6: Removal of Elected and Ex-officio Officers and Association Members At Large	37
	7: Duties of Officers	37
ARTICLE X:	COMMITTEES	
Section	1: General Provisions	38
	2: Executive Committee	39
	3: Credentials Committee	42
	4: Healthcare Quality Board Committee	42
	5: Infection Control Committee	43
	6: Pharmacy and Therapeutics Committee	44
	7: Blood Utilization Committee	45
	8: Medical Records Committee	46
	9: Utilization Review Committee	46
	10: Research Committee	47
	11: Continuing Medical Education Committee	48
	12: Bioethics Committee	49
	13: Medical Staff Aid Committee	50
	14: Operative Services Committee	50
	15: Interdisciplinary Practice Committee	51
	16: Risk Management Committee	52
	17: Bylaws Committee	53
	18: Graduate Medical Education Committee	54
	19: Invasive Procedure Committee	54
	20: Patient Safety Committee	55
	21: Other Committees	55
ARTICLE XI:	ORGANIZATION	
Section	1: Organization of the Association	56
	2: Assignment to Departments	56
	3: Functions of Departments	57
	4: Appointment and Removal of Department Chairs	57
	5: Responsibilities and Review of Department Chairs	57
ARTICLE XII:	CONFIDENTIALITY, IMMUNITY AND RELEASES	
Section	1: Special Definitions	59
	2: Authorizations and Conditions	59
	3: Confidentiality of Information	60
	4: Practitioner Access and Correction of Confidential Information	60
	5: Immunity From Liability	61

	6: Activities and Information Covered	61
	7: Releases	62
ARTICLE XIII:	RULES AND REGULATIONS	
	Section 1: Association Rules and Regulations	62
	2: Departmental Rules and Regulations	62
ARTICLE XIV:	FEES AND PROFITS	
	Section 1: General Rules	63
	2: Division of Fees	63
	3: Research	63
ARTICLE XV:	INDEMNIFICATION AND INSURANCE	
	Section 1: Indemnification	63
	2: General Insurance Requirements	64
	3: Insurance Coverage Requirements	65
ARTICLE XVI:	GENERAL PROVISIONS	
	Section 1: Construction of Terms and Headings	66
	2: Executive Committee Action	66
	3: Authority to Act	66
	4: Acceptance of Principles	66
	5: Dues	66
	6: Representation of Legal Counsel	67
ARTICLE XVII:	CONFLICT OF INTERESTS	67
ARTICLE XVIII:	AUTHORITY OF DIRECTOR OF HEALTH SERVICES	
	Section 1: Approval	67
	2: Grant Privileges	68
	3: Civil Service Requirements	68
ARTICLE XIX:	AMENDMENT OF BYLAWS	68
ARTICLE XX:	CONFLICTS	68
SIGNATURE PAGE		

## PREAMBLE

The purposes of the Los Angeles County Olive View-UCLA Medical Center Professional Staff Association shall be to maintain, subject to the ultimate authority and responsibility of the Los Angeles County Board of Supervisors, professional standards for health services rendered to patients in the Los Angeles County Olive View-UCLA Medical Center; to function as the single organized professional staff that has overall responsibility, subject to the ultimate authority and responsibility of the Los Angeles County Board of Supervisors, for the quality of the professional services provided by persons with clinical privileges as well as the responsibility of accounting therefore to the Los Angeles County Board of Supervisors; to ensure that all patients receive high quality care; to offer a means of prompt and efficient cooperation with the Administration of the Medical Center, the Chief Medical Officer of Health Services, the Director of the Department of Health Services, the Los Angeles County Board of Supervisors, and Los Angeles County professional associations and schools; and to stimulate professional and scientific contributions by members of the Professional Staff Association to increase the value of the Medical Center as a training institution for members of the Professional Staff Association, residents, interns, medical students, technicians and nurses, as well as members of medical, dental, and ancillary professions at large. In establishing these bylaws, the Professional Staff Association, as well as the Los Angeles County Board of Supervisors acknowledge that the provision of quality medical care in the Hospital depends on the mutual accountability, interdependence and responsibility of the medical staff, hospital administration and the governing body for the proper performance of their respective obligations.

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

### DEFINITIONS

1. HOSPITAL or MEDICAL CENTER means the Los Angeles County Olive View-UCLA Medical Center and associated health centers.
2. GOVERNING BODY means the Board of Supervisors of Los Angeles County.
3. DIRECTOR means the Director of the County Department of Health Services to whom the Governing Body delegated the authority to act on its behalf in the overall management of Department of Health Services' hospitals and clinics, one of which is the Olive View-UCLA Medical Center.
4. CHIEF MEDICAL OFFICER OF HEALTH SERVICES means the person, whose title is Chief Medical Officer of Health Services, appointed by the Director of Health Services to act on behalf of the Director in the overall management of specific Department of Health Services' hospitals and clinics.
5. CHIEF EXECUTIVE OFFICER or ADMINISTRATOR means the person, whose title is Chief Executive Officer, appointed by the Director to act on behalf of the Director in the overall management of the Medical Center.
6. CHIEF MEDICAL OFFICER means the physician, whose title is Chief Medical Officer, appointed by the Director to act on behalf of the Chief Executive Officer in the management and attending staff coordination of the medical and professional affairs of the Medical Center.
7. ASSOCIATE MEDICAL DIRECTOR means a physician appointed by the Chief Medical Officer to serve in his/her absence.
8. SENIOR MANAGEMENT means those physicians, whose titles are Chief Medical Officer, Associate Medical Director, Assistant Medical Director and Department Chair.
9. PHYSICIAN means an individual who is a graduate of an approved school of medicine or osteopathy and licensed or Section 2113 certified to practice medicine in the State of California.
10. DENTIST means an individual who is a graduate of an approved school of dentistry and is licensed to practice dentistry and/or perform oral surgery in the State of California.
11. PODIATRIST means an individual who holds a D.P.M. degree conferred by an approved school and who is licensed to practice podiatry in the State of California.
12. CLINICAL PSYCHOLOGIST means an individual who holds an appropriate doctorate degree conferred by an approved school and who is licensed to practice clinical psychology in the State of California.
13. ATTENDING STAFF means all physicians, podiatrists, dentists, and clinical psychologists, who attend or consult regarding patients at the Medical Center, regardless of whether such persons are County Civil Service classified or unclassified employees, Association members, or holders of temporary or emergency privileges.
14. DEPARTMENT means an organizational unit of the Association established by the Director to aid in carrying out the medical affairs of the Medical Center.

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

15. DEPARTMENT CHAIR means a practitioner whose title is department chair appointed by the Director to manage and coordinate the medical affairs of his/her department.
16. ALLIED HEALTH PROFESSIONAL means an individual other than a physician, podiatrist, dentist, or clinical psychologist, who exercises independent judgment within the areas of his/her professional competence and the limits established by the Department, Association, and applicable law, who is qualified to render direct or indirect patient care under the supervision of an Association member who is licensed, and who has been accorded privileges, to provide such care in the Medical Center.
17. LICENSED INDEPENDENT PRACTITIONER means any individual permitted by law and by the organization to provide care, treatment, and services without direction or supervision.
18. ASSOCIATION means the formal organization of licensed or Section 2113 certified physicians, dentists, podiatrists, and clinical psychologists at the Medical Center which is formally known as the Professional Staff Association of the Los Angeles County Olive View-UCLA Medical Center.
19. EXECUTIVE COMMITTEE means the Executive Committee of the Association.
20. PRACTITIONER means, unless otherwise expressly limited, any physician, dentist, podiatrist, or clinical psychologist who is applying for or exercising clinical privileges in the Medical Center and if appropriate in context, any allied health professional.
21. CLINICAL PRIVILEGES or PRIVILEGES means the permission granted to a practitioner to render specific diagnostic, therapeutic, medical, dental, podiatric, clinical psychological, or surgical services at the Medical Center.
22. ASSOCIATION YEAR means the period from the first day of July to the 30th day of June, inclusive.
23. PRESIDENT means the President of the Association.
24. PROFESSIONAL SCHOOL(S) means the Schools of Medicine, Dentistry, and/or Public Health of the University of California at Los Angeles (UCLA).

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

### ARTICLE I: NAME

The name of this organization shall be the Professional Staff Association of the Los Angeles County Olive View-UCLA Medical Center.

### ARTICLE II: MEMBERSHIP

#### Section 1: Nature of Membership

- A. Membership in the Association is a privilege which shall be extended only to professionally competent and licensed or Section 2113 certified physicians, podiatrists, dentists, and clinical psychologists who continuously meet the qualifications, standards and requirements set forth in these bylaws.
- B. Physicians, dentists, podiatrists, and clinical psychologists employed by the Medical Center in a purely administrative capacity with no clinical duties are subject to the regular personnel policies of the Medical Center and need not become members of the Association. Persons in medico-administrative positions who desire Association membership and/or privileges are subject to the same requirements as all other applicants for Association membership or privileges.
- C. Physicians, dentists, podiatrists, and clinical psychologists whose duties include clinical responsibilities or functions involving their professional capabilities, are eligible to apply for membership in the Association. Persons in medico-administrative positions who desire Association membership and/or privileges are subject to the same requirements as all other applicants for Association membership or privileges.
- D. Interns, unlicensed residents, allied health professionals, and students shall not be eligible for membership in the Association.

A resident, licensed to practice medicine by the State of California, may apply for and may become eligible for Association membership, provided that: (1) by applying for Association membership, the resident thereby signifies and agrees and shall assure that all health services which he/she provides at the Medical Center shall be under the supervision of members of the Active Staff or Consulting Staff who are not residents and who have been granted clinical privileges to provide such health services at the Medical Center and (2) the Association membership and clinical privileges of the resident shall automatically terminate on the date of termination of his/her residency training program, and the resident shall not be entitled to a hearing and appellate review under Article VII.

- E. Membership in the Association is separate and distinct from any individually granted clinical privileges. Association membership shall not automatically confer any clinical privileges, and appointment to Association membership shall confer only those clinical privileges which have been granted in accordance with these bylaws.
- F. No practitioner who is not a County Civil Service classified employee shall admit or provide any health services to any patient in the Medical Center unless and until the practitioner becomes a member of the Association or has been granted temporary privileges in accordance with these bylaws.



## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

- G. Notwithstanding any other provision of these bylaws, the Association membership and clinical privileges of any practitioner, who has any contract with the County to provide health services at the Medical Center, or who provides health services at the Medical Center under the contract of a non-County entity, shall automatically terminate on the date of expiration or termination of such contract, and the practitioner shall not be entitled to a hearing and appellate review under Article VII, provided that the practitioner shall retain his/her Association membership and clinical privileges to the extent necessary for any employment at the Medical Center as a County Civil Service classified employee.
- H. Notwithstanding any other provision of these bylaws, if a practitioner, who provides health services at the Medical Center under the contract of a non-County entity, has his/her authority to provide such health services limited or restricted by such non-County entity, then those clinical privileges which he/she has been granted that are within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated on the date, if any, that the Executive Committee, in its sole discretion, approves in writing such termination, and the practitioner shall not be entitled to a hearing and appellate review under Article VII, provided that the practitioner shall retain his/her clinical privileges to the extent necessary for any employment at the Medical Center as a County Civil Service classified employee.
- I. Notwithstanding any other provision of these bylaws, the Association membership and clinical privileges of any practitioner who is a County Civil Service employee, whether classified or unclassified, shall automatically terminate on the date of termination of County employment or on the date that the practitioner transfers or is assigned to another County facility, with the exception that membership may continue if requested in writing by the Chair of the Department and with concurrence of the practitioner before the practitioner separates from county employment, or if prior to such applicable date, the Executive Committee, after receiving a written request from the practitioner, in its sole discretion, does not approve in writing such termination. The practitioner shall not be entitled to a hearing and appellate review under Article VII of such decision.

### Section 2: Qualifications for Membership

- A. Only physicians, podiatrists, dentists and clinical psychologists licensed to practice in the State of California or certified under Business and Professions Code Section 2113 who can document their background, current California licensure, experience, training and demonstrated competence, their adherence to the ethics of their profession, their good reputation, their current physical and mental health status, and their ability to work with others, with sufficient adequacy to demonstrate to and assure the Association and the Director that they are professionally and ethically competent and qualified and that any patient treated by them in the Medical Center will be given a high quality of care, shall be qualified for membership in the Association. Each department will determine if board certification in a specialty or sub specialty is required for granting clinical privileges. No physician, podiatrist, dentist, or clinical psychologist shall be entitled to membership in the Association or to the exercise of any clinical privileges in the Medical Center merely by virtue of the fact that he/she is duly licensed to practice medicine, podiatry, dentistry, or clinical psychology in this or any other state, or that he/she is a member of any professional organization, or that

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

responsibilities and assignments imposed upon the member by virtue of Association membership, including, but not limited to, committee assignments, performance improvement and risk management activity;

4. Preparing and completing in a timely fashion medical records for all the patients to whom the member provides care in the Medical Center;
5. Abiding by the lawful ethical principles of the California Medical Association and/or the member's professional association;
6. Participating in any Association approved educational programs for medical students, interns, resident physicians, resident dentists, staff physicians and dentists, nurses, pharmacists and other personnel, and actively supervising (including, without limitation, providing direct supervision) resident physicians or dentists in the course of his/her responsibilities and assignments as a member of the Association to ensure that the health services provided by residents are safe, effective, compassionate, and within the scope of the knowledge and documented competence of residents as required by Department of Health Services and Medical Center policies;
7. Working cooperatively with members, nurses, Medical Center Administration, and others to ensure proper patient care;
8. Making appropriate arrangements for coverage of the member's patients as determined by the Association;
9. Refusing to engage in improper inducements for patient referral and adhering to County policy regarding "running and capping";
10. Participating in continuing education programs as determined by the Association;
11. Participating in such emergency service coverage or consultation panels as may be determined by the Association;
12. Assuring the completion of a physical examination and medical history of all patients by a physician, or other qualified individual no more than thirty (30) days before or twenty-four (24) hours after admission and documentation of such history and physical examination is in the patients medical record within twenty-four (24) hours of admission;
13. When the patient's medical history and physical examination are completed before admission, it must be reviewed and updated within twenty-four (24) hours after admission.
14. Providing information to and/or testifying on behalf of the Association, the County or any practitioner under review, regarding any matter under review pursuant to Articles VI or VII;
15. Notifying, in writing, the Chief Medical Officer immediately after, but in no event later than ten (10) days after, the occurrence of any of the following: (1) the practitioner is notified in writing by the Medical Board of California or

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

other appropriate State licensing agency that an investigation regarding the practitioner is being conducted, (2) the practitioner is served with an accusation by the Medical Board of California or other appropriate State licensing agency, (3) the practitioner is served with a statement of issues by the Medical Board of California or other appropriate State licensing agency, (4) the practitioner has been convicted of a misdemeanor or felony that relates to the qualifications, functions or duties of the practitioner, or which would lead to exclusion from a federal health care program, (5) exclusion from a federal or state healthcare program, (6) the practitioner's membership and/or clinical privileges are voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished at any hospital or health care facility, (7) the practitioner's membership in any local, state, or national medical societies, his/her Drug Enforcement Administration certificate, or his/her license to practice any profession in any jurisdiction, are voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished, and/or (8) any professional liability litigation involving the practitioner proceeds to final judgment, is settled, or is in progress;

16. Abiding by all Association and Department of Health Services policies and procedures, including, without limitation, those related to the Health Insurance Portability and Accountability Act (HIPAA);
17. Promptly paying annual dues to the Association, if any dues are approved pursuant to these bylaws;
18. Providing insurance coverage as indicated in Article XV, if applicable; and
19. Discharging such other attending staff obligations as may be lawfully established from time to time by the Association.

### ARTICLE III: CATEGORIES OF ASSOCIATION MEMBERSHIP

#### Section 1: Provisional Staff

The Provisional Staff shall consist of physicians, podiatrists, dentists, and clinical psychologists who meet the general qualifications for membership described in Article II, Section 2, and who immediately prior to their application were not members of the Association. They shall be entitled to exercise such clinical privileges as are granted pursuant to these bylaws and to attend Association, department, and committee meetings, but shall not be eligible to hold office in the Association or to vote in Association, department, and committee meetings, unless that right is specified at the time of appointment.

Provisional Staff members shall undergo a period of proctoring and observation by designated Association members to evaluate the Provisional Staff member's proficiency in the exercise of clinical privileges initially granted and overall eligibility for continued Association membership and advancement within Association membership categories. Proctoring and observation of Provisional Staff members shall follow whatever frequency and format each department deems appropriate in order to adequately evaluate the Provisional Staff member, including, but not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation. At least five (5) cases which are representative of and appropriate for the requested privileges should be monitored and

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

evaluated. Appropriate records shall be maintained by the department. The results of the proctoring and observation shall be communicated by the department chair to the Credentials Committee. A Provisional Staff member shall remain in the Provisional Staff membership category for a period of six (6) months, unless the Director, upon recommendation of the Executive Committee, based on a report from the Credentials Committee, determines to extend such status for an additional period of up to six (6) months upon a finding of good cause, which determination shall not be subject to a hearing and appellate review pursuant to Article VII.

If the Provisional Staff member has satisfactorily demonstrated his/her ability to exercise the clinical privileges initially granted and otherwise appears qualified for continued Association membership, the Provisional Staff member shall be eligible for appointment by the Director as an Active Staff member or Consulting Staff member, as appropriate, upon recommendation of the Executive Committee. In all other cases, the appropriate department chair shall advise the Credentials Committee, which shall make its report to the Executive Committee, which, in turn, shall make its recommendation to the Director for a determination regarding any modification or termination of clinical privileges, and Association membership.

### Section 2: Active Staff

The Active Staff shall consist of physicians, podiatrists, dentists, and clinical psychologists who admit or attend patients at least twenty (20) patients each year in the Medical Center, who have completed the required period as provisional staff as set forth in Article III, Section 1, and who assume all the functions and responsibilities of membership in the Association, including, where appropriate, teaching and consultation assignments. These requirements may be waived for persons holding the positions of Senior Management. Members of the Active Staff shall be appointed to a specific department, shall be eligible to vote, to hold office, and to serve on Association committees, and shall be required to attend department and committee meetings.

### Section 3: Consulting Staff

The Consulting Staff shall consist of physicians, podiatrists, dentists, and clinical psychologists qualified for Active Staff membership but who only occasionally admit or attend patients at the Medical Center, who act only as consultants, or who are associated with the Medical Center in connection with a specific project. Consulting Staff members shall be appointed to a specific department and shall be eligible to serve on Association committees and to vote on matters before such committees. They shall not be eligible to vote at Association or department meetings or to hold office, nor are they required to attend department meetings, although they are encouraged to do so.

## ARTICLE IV: PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

### Section 1: Application for Appointment

- A. All applications for appointment to the Association shall be in writing, shall be signed by the applicant, and shall be submitted to the Director only after review by the Chief Medical Officer, the Credentials Committee and the Executive Committee. The application form shall be approved by the Executive Committee and shall require detailed information concerning the applicant's current California licensure or Section 2113 Certification, Drug Enforcement Administration certification, and status as non

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

he/she had in the past, or presently has, such privileges at another hospital.

- B. No applicant shall be denied Association membership or clinical privileges on the basis of gender, race, age, creed, color, national origin, or any other criterion not based upon professional justification.

### Section 3: Conditions and Duration of Appointment

- A. Initial appointments and reappointments to the Association shall be made by the Director. The Director shall act on appointments, reappointments, or suspension or revocation of appointments, only after there has been a recommendation from the Executive Committee as provided in these bylaws, provided that in the event of unwarranted delay on the part of the Executive Committee, the Director may act without such recommendation on the basis of documented evidence of the applicant's or Association member's professional and ethical qualifications obtained from reliable sources other than the Executive Committee.
- B. Except as otherwise provided in Section I of Article III, initial appointments shall be provisional for a period of six (6) months. Prior to the conclusion of the provisional period, the appropriate department chair shall recommend to the Credentials Committee, which shall recommend to the Director through the Executive Committee, the removal of provisional status and appointment to the Active Staff or Consulting Staff, as appropriate, or the termination of the appointment. Initial appointments and any reappointments shall each be for a period of not more than twenty-four (24) months.
- C. Appointment to the Association shall confer on the appointee only those clinical privileges as have been granted by the Director in accordance with these bylaws.
- D. Every application for membership shall be signed by the applicant and shall contain the applicant's specific acknowledgment of every member's obligation to abide by the Association bylaws, rules and regulations, and applicable Governing Body policies; to accept committee assignments, to accept consultation assignments, and where applicable by reason of medical, surgical, podiatric, dental, or clinical psychological privileges being sought, to provide proper care and supervision of his/her patients; to participate in staffing the teaching service areas and other special care units; to participate in the performance improvement and peer review activities of the departments; and to acknowledge that all patients hospitalized at the Medical Center should be a part of the established educational program.

### Section 4: Basic Responsibilities of Association Membership

The ongoing responsibilities of each member of the Association shall include, but are not limited to:

1. Providing patients with continuing care and quality of care meeting the professional standards of the attending staff of the Medical Center;
2. Abiding by the Association bylaws and rules and regulations and departmental rules and regulations;
3. Discharging in a responsible and cooperative manner such reasonable

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

excluded as a provider of services to Medicare, Medicaid and other federal programs, experience, verification of identity, privileges requested, and, if applicable, current insurance coverage as indicated in Article XV, and other qualifications and shall include the names of at least three (3) persons who have had extensive experience in observing and working with the applicant and who can provide adequate references pertaining to the applicant's current professional competence, ethical character, and physical and mental health status. In addition, the application shall include, but not be limited to, all information as to: (1) whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished at any hospital or health facility; (2) whether the applicant's membership in any local, state, or national medical societies or his/her Drug Enforcement Administration certificate or his/her license to practice any profession in any jurisdiction has ever been voluntarily or involuntarily revoked, suspended, not renewed, reduced, or relinquished; and (3) whether any professional liability litigation involving the applicant has been to final judgment, has been settled, or is in progress.

- B. In connection with all applications for appointment, the applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, ethical character, physical and mental health status, current California licensure or Section 2113 Certification, Drug Enforcement Administration certification, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, experience, verification of identity, and other qualifications for the membership category and clinical privileges requested, and, if applicable, current insurance coverage as indicated in Article XV, for resolving any doubts about these matters, and for satisfying all requests for information. The applicant's failure to fulfill this requirement, the applicant's withholding of any relevant information, or the applicant's submission of any inaccurate information, shall be grounds for denial of the application. In addition, the applicant may be required to submit to a medical or psychological examination, at the applicant's expense, if deemed appropriate by the Executive Committee, which may select the examining physician. The Chief Medical Officer shall promptly notify the applicant of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the applicant.
- C. By applying for appointment to the Association, each applicant thereby signifies his/her willingness to appear for interviews in regard to his/her application and authorizes the representatives of the County of Los Angeles, the Association, and/or the Professional Schools, to consult with members of medical staffs of other hospitals or health facilities with which the applicant has been associated and with others who may have information bearing on his/her competence, ethical character, physical and mental health status, ethics, current California licensure, or Section 2113 Certification experience, and other qualifications and, if applicable, current insurance coverage as indicated in Article XV, and to an inspection by the above of all records and documents that may be material to an evaluation of his/her professional qualifications and competence to carry out the clinical privileges he requests, as well as his/her moral and ethical qualifications for membership. In addition, the applicant by applying for appointment releases from any liability the County of Los Angeles, the Association, the Professional Schools, and their respective officers, employees, or agents, for any of their acts performed in good faith and without malice in connection with evaluating the applicant and his/her qualifications and credentials, and also releases from any liability all individuals and organizations that provide information to the above in good

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

faith and without malice concerning the applicant's competence, ethical character, physical and mental health status, current California licensure, Drug Enforcement Administration certification, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, experience, and other qualifications, and, if applicable, current insurance coverage as indicated in Article XV, for Association membership and clinical privileges, including otherwise privileged or confidential information.

- D. In evaluating an applicant's eligibility for Association membership, consideration shall be given to other factors, including, but not limited to: (1) the Medical Center's ability to provide adequate facilities and supportive services for the applicant and his/her patients; (2) patient care requirements for additional attending staff members with the applicant's skill and training; (3) the Medical Center/community needs for the applicant's services; and (4) the geographic location of the applicant.
- E. The application form shall include a statement that the applicant has received and read the bylaws of the Association and any rules and regulations applicable thereto, and that he/she agrees to be bound by the terms thereof, as they may be amended from time to time, without regard to whether or not he/she is granted membership and/or clinical privileges in all matters relating to consideration of his/her application.
- F. Acceptance of membership in the Association shall constitute the member's agreement that he/she will strictly abide by the Guiding Principles For Physician-Hospital Relationships of the California Medical Association as well as the Code of Medical Ethics of the American Medical Association, the Principles of Ethics and Code of Professional Conduct of the American Dental Association, the Code of Ethics of the American Osteopathic Association, the Code of Ethics of the American Podiatric Medical Association, or the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association, whichever is applicable.

### Section 2: Appointment Process

- A. The applicant shall submit a completed application, including desired membership category and a specific list of desired clinical privileges, to the Chief Medical Officer, who shall verify the references, education, training, current California licensure or Section 2113 Certification, Drug Enforcement Administration certification, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs by checking the OIG's List of Excluded Individual Entities, experience, verification of identity and other qualifying information submitted by primary sources, whenever possible. The Chief Medical Officer shall also see that the National Practitioner Data Bank is queried and the results considered during the appointment process. The Chief Medical Officer shall promptly notify the applicant of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the applicant. It shall be the applicant's responsibility to obtain all required information. When collection and verification is accomplished, the Chief Medical Officer shall transmit the application and all supporting materials with a request for a recommendation to the appropriate department chair who may consult with the appropriate Dean of the Professional Schools. The written recommendation of the department chair shall be transmitted with the application to the Chief Medical Officer for use in all further proceedings. If the recommendation is adverse to the applicant, the recommendation shall state the reason for such. When collection and verification is accomplished, the Chief Medical Officer

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

shall transmit the application and all supporting materials to the Credentials Committee for evaluation.

- B. Within ninety (90) days after receipt of the completed application for membership, the Credentials Committee shall review the application and other information submitted to the Chief Medical Officer and make a written report of its investigation to the Executive Committee. Prior to making this report, the Credentials Committee shall examine the evidence of the ethical character, professional competence, physical and mental health status, current California licensure or Section 2113 Certification, Drug Enforcement Administration certification, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, National Practitioner Data Bank response, experience and other qualifications of the applicant and, if applicable, current insurance coverage of the applicant as indicated in Article XV, and shall determine through information contained in references given by the applicant and from other sources available to the Committee, including, but not limited to, the recommendations from the department in which privileges are sought as submitted to the Chief Medical Officer, whether the applicant has established and meets all of the necessary qualifications for the category of Association membership and the clinical privileges requested by him/her. Every department in which the applicant seeks clinical privileges shall provide the Credentials Committee with specific, written recommendations for delineating the applicant's clinical privileges, and these recommendations shall be made a part of the Committee's report. Together with its report, the Credentials Committee shall transmit to the Executive Committee the completed application and a recommendation that the applicant be either appointed to the Association or rejected for Association membership, or that the application be deferred for further consideration. Where rejection or deferment is recommended, the reasons for such recommendation shall be stated along with the recommendation.
- C. At its next regular meeting following receipt of the application and the report and recommendation of the Credentials Committee, the Executive Committee shall determine whether to recommend to the Director, through the Chief Medical Officer, that the applicant be provisionally appointed to the Association, be rejected for Association membership, or that his/her application be deferred for further consideration.
- D. When the recommendation of the Executive Committee is to defer the application for further consideration, the reasons for deferment should be stated, and the recommendation must be followed up within sixty (60) days with a subsequent recommendation for provisional appointment with specified clinical privileges or for rejection for Association membership.
- E. When the recommendation of the Executive Committee is favorable to the applicant, the recommendation shall promptly be forwarded, together with all the appropriate supporting documentation, to the Director, through the Chief Medical Officer.
- F. When the recommendation of the Executive Committee is adverse to the applicant either in respect to appointment or clinical privileges, the President shall promptly so notify the applicant by certified or registered mail, return receipt requested. No such adverse recommendation shall be forwarded to the Director until after the applicant has exercised or has been deemed to waive his/her right to a hearing as provided in Article VII.



## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

- G. If the aggrieved applicant has requested a hearing as provided in Article VII, and if the hearing has resulted in a decision either at the hearing or appellate level which is favorable to the applicant, the applicant's application shall thereafter be processed in accordance with Subsection E of this Section 2.
- H. Within fifteen (15) days after the receipt of a favorable recommendation by the Executive Committee, the Director shall act in the matter. If the Director's decision is adverse to the applicant in respect to either appointment or clinical privileges, the Director shall promptly notify him/her of such adverse decision by certified or registered mail, return receipt requested, and such adverse decision shall be held in abeyance until the applicant has exercised or has been deemed to have waived his/her rights under Article VII and until there has been compliance with Subsection J of this Section 2. The fact that the adverse decision is held in abeyance shall not be deemed to confer membership or privileges where none existed before.
- I. In the event the applicant waives or fails to exercise his/her rights under Article VII, the Director's decision shall be considered final, except that the Director may defer final determination by referring the matter to the Executive Committee for further reconsideration. Any such referral back shall state the reasons therefore and shall set a time limit not to exceed sixty (60) days within which a subsequent recommendation to the Director shall be made. After receipt of such subsequent recommendation and new evidence in the matter, if any, the Director shall make a decision either to appoint the applicant to Association membership or to reject him/her for membership. All decisions to appoint shall include a delineation of the clinical privileges, which the appointee may exercise.
- J. Whenever the Director's decision will be contrary to the recommendation of the Executive Committee, the Director shall submit the matter to a committee composed of the Chief Medical Officer, Chief Executive Officer, the President, and the department chair(s) involved for review and recommendation and shall consider such recommendation before making his/her decision final. Such committee shall report back to the Director within fifteen (15) days with its recommendation, and the Director shall render a decision within fifteen (15) days after his/her receipt of such recommendation.
- K. When the Director's decision is final, he/she shall send notice of such decision to the President of the Association, to the chairs of the departments concerned, and by certified or registered mail, return receipt requested, to the applicant.
- L. An applicant whose application was denied, or who withdrew his or her application following an adverse recommendation on it, or a member of the Association whose membership was terminated involuntarily, or who voluntarily relinquished his or her membership while an investigation or disciplinary action was pending, shall not be eligible to apply again for membership until a) the date that the reason for the denial, adverse recommendation, involuntary termination or investigation or disciplinary action is removed, or b) twenty-four (24) months, whichever is later. When such period of ineligibility has ended, the applicant or former member may apply using the procedures set forth in Sections 1 and 2 of this Article, and, in addition, must demonstrate that the basis for the adverse recommendation, involuntary termination or investigation or disciplinary action no longer exists and that any problems have been corrected.

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

### Section 3: Reappointment Process

- A. At least ninety (90) days prior to the expiration of a member's period of appointment, the member shall submit an application for reappointment to the Chief Medical Officer. Such application shall require information concerning changes in physical and mental health status and other qualifications of the member since the previous review of the member's qualifications, including, but not necessarily limited to, privileges requested, evidence for change of privileges, continuing education, present status of California licensure or Section 2113 Certification, Drug Enforcement Administration certification, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, experience, and, if applicable, current insurance coverage as indicated in Article XV. In addition, the application shall include, but not be limited to, information as to: (1) whether the member's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished at any hospital or health facility; (2) whether the member's membership in any local, state, or national medical societies or his/her Drug Enforcement Administration certificate or his/her license to practice any profession in any jurisdiction has ever been voluntarily or involuntarily revoked, suspended, not renewed, reduced, or relinquished; and (3) whether any professional liability litigation involving the member has been to final judgment, has been settled, or is in progress. The Chief Medical Officer shall verify the references, education, training, current licensure or Section 2113 Certification, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), status as non excluded as a provider of services to Medicare, Medicaid and other federal programs by checking the OIG's List of Excluded Individual Entities, experience, and other qualifying information submitted by primary sources, whenever possible. The Chief Medical Officer shall see that the National Practitioner Data Bank is queried and the response is considered during the reappointment process. The Chief Medical Officer shall promptly notify the member of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the member. It shall be the member's responsibility to obtain all required information. When collection and verification is accomplished, the Chief Medical Officer shall transmit the application and all supporting materials to the appropriate department chair. The department chair shall review all pertinent information available on each member of his/her department who applies for reappointment and who is scheduled for periodic appraisal. This review shall also include an assessment of information collected in the course of the Medical Center's Performance Improvement Program regarding the member's professional performance, as well as practitioner-specific information regarding professional performance. Each department shall develop and monitor the practitioner-specific information and compare this data to relevant benchmarks. The department chair shall, no later than thirty (30) days prior to the end of the member's period of appointment, forward this information to the Credentials Committee for the purpose of determining its recommendations for reappointment to the Association and for the granting of clinical privileges for the ensuing two-year period. The Credentials Committee shall transmit its recommendations in writing to the Executive Committee. Where nonreappointment or a change in clinical privileges is recommended, the reasons for such recommendations shall be stated and documented.
- B. In connection with all applications for reappointment, the member shall have the burden of producing adequate information for a proper evaluation of his/her competence, ethical character, physical and mental health status, current California

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

licensure or Section 2113 Certification, Drug Enforcement Administration certification, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, experience and other qualifications for the membership category and clinical privileges requested, and, if applicable, current insurance coverage as indicated in Article XV, for resolving any doubts about these matters, and for satisfying all requests for information. The member's failure to fulfill this requirement, the member's withholding of any relevant information, or the member's submission of any inaccurate information, shall be grounds for denial of the application. In addition, the member may be required to submit to a medical or psychological examination, at the member's expense, if deemed appropriate by the Executive Committee, which may select the examining physician. The Chief Medical Officer shall promptly notify the applicant of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the member.

- C. Each recommendation concerning the reappointment of a member and the clinical privileges to be granted upon reappointment shall be based upon documentation, furnished by the department chairs and other information requested of such member or otherwise obtained by the Credentials Committee, of such member's professional performance, competence, clinical and/or technical skills, judgment in the treatment of patients as assessed in the Medical Center's performance improvement, risk management and safety activities, and other qualifications, including, but not limited to, his/her professional practice outside the Medical Center; present status of his/her California licensure or Section 2113 Certification; Drug Enforcement Administration certification, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, National Practitioner Data Bank response, evidence of his/her physical and mental health status; his/her ethics and conduct; his/her attendance at department meetings and participation in Association affairs; his/her compliance with the Association bylaws, rules and regulations; his/her current insurance coverage, if applicable, as indicated in Article XV; his/her cooperation with Medical Center personnel; his/her use of the Medical Center's facilities; his/her relations with other attending staff members; and his/her general attitude toward patients, the Medical Center, and the public.
- D. At least thirty (30) days prior to the end of the member's period of appointment, the Executive Committee shall make written recommendations to the Director, through the Chief Medical Officer, concerning the reappointment, nonreappointment, and/or clinical privileges of each member then scheduled for periodic appraisal. Where nonreappointment or a change in clinical privileges is recommended, the reasons for such recommendations shall be stated and documented. Thereafter, the procedure provided in Subsections D through L of Section 2 of this Article IV relating to recommendations on applications for initial appointment shall be followed.
- E. If a member fails to submit an application for reappointment, completed in accordance with this Section 3, at least thirty (30) days prior to the expiration of his/her period of appointment, then (1) the member shall be deemed to have voluntarily resigned his/her Association membership and clinical privileges upon such expiration date and (2) the member shall be required to submit an application for initial appointment in accordance with Sections 1 and 2 of this Article IV.

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

### Section 4: Change in Membership Category or Clinical Privileges

Any Association member who, prior to his/her application for reappointment, requests a change in his/her membership category or clinical privileges shall submit an application in writing at any time on the prescribed form, except that no such application shall be submitted within twelve (12) months of the date a similar request was denied. Such applications shall be processed in the same manner as applications for initial appointment in accordance with Sections 1 and 2 of this Article IV.

## ARTICLE V: CLINICAL PRIVILEGES

### Section 1: Delineation of Clinical Privileges

- A. Every practitioner who practices at the Medical Center by virtue of Association membership or otherwise shall be entitled to exercise only those clinical privileges specifically granted to him/her by the Director, except as provided in Sections 2 and 3 of this Article V. All such privileges shall apply only to the Medical Center.
- B. Every initial application for appointment and every application for reappointment to Association membership must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such requests shall be based upon documentation and verification of the applicant's current California licensure, education, training, experience, demonstrated current competence, references, an appraisal by the department in which requested privileges are sought, clinical performance at the Medical Center, the documented results of patient care and other quality review and monitoring which the Association deems appropriate, and other relevant information, including, but not limited to, pertinent information concerning clinical performance obtained from other hospitals and health care settings where the applicant exercises clinical privileges. In the event that the Director or the Governing Body authorizes the Medical Center to offer a service which would fall within the expertise of more than one department, the Executive Committee shall appoint an ad hoc committee to establish the requirements for receiving privileges to perform the service. It shall be the applicant's responsibility to obtain all required information. The applicant shall have the burden of establishing his/her qualifications and competency in the clinical privileges he/she requests. Each applicant granted clinical privileges shall pledge that he/she shall provide for the continuous care of his/her patients.
- C. Applications for additional clinical privileges shall be in writing on the prescribed form. Such applications shall be processed in the same manner as applications for initial appointment in accordance with Sections 1 and 2 of Article IV, and individuals shall be subject to the same requirements for proctoring as they would have been if such privileges had been requested at the time the initial application for privileges was made.
- D. Periodic redetermination of clinical privileges and the increase or curtailment of same shall be based upon the observation of care provided, review of the records of patients treated in this or other hospitals, and review of the records of the Association which document the evaluation of the member's participation in the delivery of health care.
- E. No specific privilege may be granted if the task, procedure or activity constituting the privilege is outside of the scope of services established by the Director and the

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

Governing Body in their sole discretion or if the resources necessary to exercise the privilege have not been made available by the Director in his sole discretion.

- F. Privileges granted to duly licensed dentists shall be based on their training, experience, and demonstrated current competence and judgment. The scope and extent of surgical procedures that each dentist may perform shall be specifically delineated and granted in the same manner as all surgical privileges, including, but not limited to, performance of admission history and physical examination if training is provided for this. Surgical procedures performed by dentists shall be under the overall supervision of the Chair of the Department of Surgery. All dental patients shall receive the same basic medical appraisals as patients admitted to other surgical services. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Medical Center.
- G. Privileges granted to duly licensed podiatrists shall be based on their training, experience, and demonstrated current competence and judgment. In making their recommendation, the Executive Committee may consider the need for podiatry services, which either are not presently being provided by other members of the attending staff or may be provided in the Medical Center without disruption of existing services. The scope and extent of surgical procedures that each podiatrist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges. Surgical procedures performed by podiatrists shall be under the overall supervision of the Chair of the Department of Surgery. All podiatric patients shall receive the same basic medical appraisals as patients admitted to other surgical services. A physician member of the attending staff shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time in the Medical Center.
- H. Privileges granted to duly licensed clinical psychologists shall be based on their training, experience, and demonstrated current competence and judgment and shall not include the prescribing of medications. In making its recommendation, the Executive Committee may consider the need for clinical psychological services which are either not presently being provided by other members of the attending staff or which may be provided in the Medical Center without disruption of existing services. Clinical psychological services provided by clinical psychologists shall be under the overall supervision of the Department of Psychiatry, and all clinical psychology patients shall receive the same basic medical appraisals as patients admitted to psychiatric services. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Medical Center.

### Section 2: Temporary Privileges

- A. Pending Application for Association Membership:

Upon receipt of a completed application for Association membership, including, without limitation, desired membership category and a specific list of desired clinical privileges, and verification of his/her references, education, training, current California licensure or Section 2113 Certification, National Practitioner Data Bank report, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, experience, current competence and other qualifying information submitted

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

by primary sources, whenever possible, and where the temporary clinical privileges will fulfill an important patient care, treatment, and service need or where the completed application raises no concerns and is awaiting review and approval of the Executive Committee and the Director, the Director may, with the written concurrence of the chair of the concerned department and the President, Chief Medical Officer or the Associate Medical Director grant temporary clinical privileges to the applicant, but in exercising such privileges, the applicant shall act under the supervision of the chair of the department to which he/she is assigned. Such temporary privileges should not exceed a period of ninety (90) days in duration, but in no event shall exceed one hundred and twenty (120) days in duration.

B. Patient Care Need by Non-Applicant for Association Membership:

Upon receipt of a completed application for temporary clinical privileges, including, without limitation, a specific list of the desired clinical privileges, and verification of his/her references, education, training, current California licensure or Section 2113 Certification, National Practitioner Data Bank report, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, experience, current competence and other qualifying information submitted by primary sources, whenever possible, and where the temporary clinical privileges will fulfill an important patient care, treatment and service need, the Director may, with the written concurrence of the chair of the concerned department and the President, Chief Medical Officer or the Associate Medical Director grant temporary clinical privileges for the care of a specific patient to a practitioner who is not an applicant for Association membership. Such temporary privileges should not exceed a period of ten (10) days in duration, but in no event shall exceed thirty (30) days in duration.

C. Locum Tenens:

Upon receipt of a completed application for temporary clinical privileges, including, without limitation, a specific list of desired clinical privileges, and verification of his/her references, education, training, current California licensure or Section 2113 Certification, National Practitioner Data Bank report, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, experience, current competence and other qualifying information submitted by primary sources, whenever possible, and where the temporary clinical privileges will fulfill an important patient care, treatment and service need, the Director may, with the written concurrence of the chair of the concerned department and the President, the Chief Medical Officer or the Associate Medical Director grant temporary clinical privileges to the practitioner to serve as a locum tenens for a member of the Association. Such temporary privileges should not exceed a period of ninety (90) days in duration, but in no event shall exceed one hundred and twenty (120) days in duration.

D. Special requirements of supervision and reporting may be imposed by the chair of the concerned department on any practitioner granted temporary privileges. Temporary privileges shall be immediately terminated by the Director upon notice of any failure by the practitioner to comply with any special requirements.

E. The Director may at any time, upon the recommendation of the President, the Chief Medical Officer, the Associate Medical Director, or the chair of the concerned department, terminate a practitioner's temporary privileges effective as of the discharge from the Medical Center of the practitioner's patients then under his/her care in the

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

Medical Center. However, where it is determined that the life or health of such patients would be endangered by continued treatment by the practitioner, the termination may be imposed by the Director immediately. The chair of the appropriate department, or in his/her absence, the Director or the Chief Medical Officer, shall assign a member of the Association to assume responsibility for the care of such terminated practitioner's patients until they are discharged from the Medical Center. The wishes of the patients shall be considered where feasible in the selection of such substitute practitioner.

- F. Each practitioner applying for temporary clinical privileges must sign an acknowledgment of having received and read the Association's current bylaws, rules and regulations, and applicable policies and the practitioner's agreement to be bound by their terms.

### Section 3: Emergency Privileges

#### A. For a Specific Patient

In case of an emergency involving a specific patient, any physician, podiatrist, dentist, or clinical psychologist who is a member of the Association, or who holds a County Civil Service classified position, and to the degree permitted by his/her license and regardless of service or Association status or lack of same, shall be permitted and assisted to do everything possible to save the life of a patient or to save the patient from serious harm, using every facility of the Medical Center necessary, including, but not limited to, calling for any consultation necessary or desirable. When an emergency situation no longer exists, the practitioner's emergency privileges shall automatically terminate, and the practitioner must request the privileges necessary to continue to treat the patient and shall defer to the appropriate department chair with respect to further care of the patient. In the event such privileges are denied or he/she does not desire to request such privileges, the patient shall be assigned to an appropriate member of the Association. In addition, the Director, on his/her own initiative or upon the recommendation of the President of the Association, the Chief Medical Officer, the Associate Medical Director, or the chair of the concerned department, may terminate immediately a practitioner's emergency privileges for any reason or no reason at all, and the practitioner shall not be entitled to a hearing and appellate review under Article VII. For the purpose of this section, an "emergency" is defined as a condition in which a patient is in imminent danger of serious or permanent harm or death and any delay in administering treatment would add to that danger.

#### B. During a Disaster

In the case of a disaster where the Director, in consultation with the Chief Medical Officer or the Chief Executive Officer, has activated the Medical Center's Emergency Medical Plan, the Director, the Chief Medical Officer, or the Associate Medical Director may grant emergency clinical privileges to any licensed physician, podiatrist, clinical psychologist, or dentist, to the degree permitted by his/her license, who does not possess privileges at the Medical Center and who indicates a willingness to provide patient care at the Medical Center during the disaster. In order for a volunteer practitioner to be considered eligible to act as a licensed independent practitioner, the organization obtains for each volunteer practitioner at a minimum, a valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one (1) of the following: 1) A current picture ID card that clearly identified professional designation; 2) A current license to practice; 3) Primary source verification of the license; 4) Identification



## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), Medical Reserve Corps (MRC), or the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal organizations or groups; 5) Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity); and 6) Identification by current hospital or medical staff member(s) who possesses personal knowledge regarding volunteer's ability to act as a licensed independent practitioner during a disaster. Primary source verification of licensure begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization. The organization makes a decision (based on information obtained regarding the professional practice of the volunteer) within 72 hours related to the continuation of the disaster privileges initially granted.

Emergency privileges may be granted on a case-by-case basis following a review of the above documentation and other requested information, if any. In exercising emergency privileges, a practitioner shall act under the supervision of the chair of the department to which he/she is assigned and, if possible, shall be paired with an Association member who has a similar specialty. When the disaster no longer exists, as determined by the Director in consultation with the Chief Medical Officer, or the Associate Medical Director, a practitioner's emergency privileges shall automatically terminate, and the practitioner must request the privileges necessary to continue to treat patients and shall defer to the appropriate department chair with respect to further care of patients. In addition, the Director, on his/her own initiative or upon the recommendation of the President, the Chief Medical Officer, or the chair of the concerned department, may terminate immediately a practitioner's emergency privileges for any reason or no reason at all, and the practitioner shall not be entitled to a hearing and appellate review under Article VII.

### Section 4: Telemedicine

Any person who desires to diagnose or treat patients via telemedicine link (e.g., telephone, e-mail etc.) must apply for and be granted specific clinical privileges, which allow for exercise by telemedicine link in accordance with these bylaws. Each department shall determine which clinical privileges, if any, of the department may be performed via telemedicine link.

## ARTICLE VI: CORRECTIVE ACTION

### Section 1: Routine Corrective Action

- A. Whenever a practitioner with clinical privileges engages in any act, statement, demeanor, or professional conduct, either within or outside the Medical Center, which is or is reasonably likely to be (1) detrimental to patient safety or to the delivery of quality patient care, (2) disruptive or deleterious to the operations of the Medical Center or improper use of Medical Center resources, (3) below applicable professional standards or (4) contrary to the Association's bylaws, rules or regulations, then corrective action against such practitioner may be requested by any officer of the Association, by the chair of any department, by the chair of any standing committee of the Association, by the Chief Medical Officer, by the Chief Executive Officer, by the Chief Medical Officer of Health Services, or by the Director, upon the complaint, request, or suggestion of any person. All requests for corrective action shall be in writing, shall be made to the Executive Committee, and shall be supported by



## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

reference to the specific activities or conduct, which constitute the grounds for the request.

- B. When corrective action is requested, the Executive Committee shall forward such request to the chair of the department wherein the practitioner has such privileges. Upon receipt of such request, the chair of the department shall immediately appoint an ad hoc committee to investigate the matter.
- C. Within thirty (30) days after the department's receipt of the request for corrective action, the department shall make a written report of its investigation to the Executive Committee. Prior to making such report, the practitioner against whom corrective action has been requested shall be offered an opportunity to appear for an interview at a reasonable time with the departmental ad hoc investigating committee. At such interview, the practitioner shall be informed of the general nature of the charges against him/her and shall be invited to discuss, explain, or refute them. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedures provided in these bylaws with respect to hearings shall apply thereto. A record of such interview shall be made by the department and included with its report to the Executive Committee.
- D. Whenever the request for corrective action is directed against the chair of a department, the Executive Committee shall appoint an ad hoc investigating committee which shall perform all the functions of the departmental ad hoc investigating committee as described in Subsections B and C above.
- E. Within sixty (60) days following the receipt of the departmental ad hoc investigating committee's report, the Executive Committee shall take action upon the request for corrective action. In all cases, the affected practitioner shall be permitted to make an appearance at a reasonable time before the Executive Committee prior to its taking action on such request. This appearance shall not constitute a hearing, shall be preliminary in nature, and none of the procedures provided in these bylaws with respect to hearings shall apply thereto. A record of such appearance shall be made by the Executive Committee and included in its recommendation to the Director.
- F. The action of the Executive Committee on a request for corrective action shall be to make a recommendation to the Director. Such recommendation shall include one or more of the following:
  - (1) Rejection of the request for corrective action;
  - (2) Issuance of a letter of admonition, censure, reprimand, or warning, although nothing herein shall preclude a department chair from issuing informal written or oral warnings outside the corrective action process;
  - (3) Imposition of terms of probation or special limitations on continued Association membership or exercise of clinical privileges, including, but not limited to, a requirement for consultation or proctoring;
  - (4) Reduction or revocation of clinical privileges;
  - (5) Termination, modification, or ratification of an already imposed summary suspension of clinical privileges;

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

- (6) Suspension of clinical privileges until satisfactory completion of specific conditions or requirements;
  - (7) Suspension of Association membership until satisfactory completion of specific conditions or requirements;
  - (8) Revocation of Association membership;
  - (9) Refer the member to the Medical Staff Aid Committee for evaluation and such further actions as are appropriate.
  - (10) Other actions appropriate to the facts, including, but not limited to, required reports to the Medical Board of California or other appropriate State licensing agency and/or to the National Practitioner Data Bank.
- G. The President of the Association shall promptly notify the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director, in writing, of all requests for corrective action received by the Executive Committee and shall continue to keep the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director fully informed of all actions taken in connection therewith. After the Executive Committee has made its recommendations in the matter to the Director, the Director shall render a decision within thirty (30) days and shall notify the practitioner in person or by registered or certified mail, return receipt requested. Thereafter, the procedure to be followed shall be as provided in Article VII.
- H. If the Governing Body determines that the Executive Committee has failed to initiate an investigation on a request for corrective action or to recommend disciplinary action, and that such failure is contrary to the weight of evidence, the Governing Body may direct the Executive Committee to initiate an investigation or recommend disciplinary action, but only after consultation with the Executive Committee and the Director. In the event the Executive Committee or the Director fail to take action in response to a direction from the Governing Body, the Governing Body, after notifying the Executive Committee and the Director in writing, shall have the authority to take action on its own initiative against the practitioner and assume all the rights and responsibilities of the Executive Committee and the Director as provided in this Article VI.

### Section 2: Summary Suspension

- A. The President of the Association, the chair of any department, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, or the Director shall have the authority, whenever immediate action must be taken to reduce a substantial likelihood of imminent impairment to the health or safety of any patient, any prospective patient, any employee, or any other person present in the Medical Center, to recommend to the Director that all or any portion of the clinical privileges of a practitioner be summarily suspended, and such summary suspension shall become effective immediately upon imposition by the Director; provided that in cases of emergency where there is a likelihood of direct and immediate danger to the health or safety of any person, the Chief Medical Officer, or his/her authorized representative in his/her absence, may temporarily suspend all or any portion of the clinical privileges of a practitioner for a

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

period not to exceed three (3) working days (excluding weekends and holidays) pending investigation and action by the Director.

- B. Notwithstanding any other provision of these bylaws, when no person or body authorized by these bylaws is available to summarily suspend clinical privileges, the Governing Body or its designee may temporarily suspend all or any portion of the clinical privileges of a practitioner where there is a substantial likelihood of imminent impairment to the health or safety of any person so long as the Governing Body has, before the suspension, made reasonable attempts to contact the Executive Committee and the Director. A summary suspension by the Governing Body which has not been ratified by the Executive Committee and the Director within two (2) working days (excluding weekends and holidays) after the suspension, shall automatically terminate; provided that additional such summary suspensions may be imposed by the Governing Body, not to exceed a total of five (5) working days for the entire period of the summary suspension, if the Executive Committee is unable to meet to ratify the summary suspension.
- C. A summary suspension shall become effective immediately upon imposition, and the person or body responsible therefore shall promptly give oral or written notice of the summary suspension to the practitioner, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director. The notice of suspension given to the Executive Committee shall constitute a request for corrective action, and the corrective action process set forth in Section 1 of this Article VI shall be followed. The summary suspension shall continue in effect during the pendency of the corrective action process and of the hearing and appellate review process under Article VII unless the summary suspension is previously terminated as provided in these bylaws.
- D. A practitioner whose clinical privileges have been summarily suspended shall not be entitled to request a hearing on the matter under Article VII until after the corrective action process set forth in Section 1 of this Article VI has been complied with and the Director has taken action under the corrective action process pursuant to Section 1(G) of this Article VI and then only if the action taken constitutes grounds for a hearing under Article VII.
- E. Immediately upon the imposition of a summary suspension, the Director, the Chief Medical Officer, or responsible department chair shall have authority to provide for alternative medical coverage for the patients of the suspended practitioner still in the Medical Center at the time of such suspension.

### Section 3: Automatic Suspension

#### A. General:

In the circumstances described in Sections 3(B), 3(C), 3(D) and 3(E), a practitioner's Association membership and/or clinical privileges shall be terminated, suspended, or limited, as described, which action shall be final and shall not subject to a hearing or appellate review under Article VII, except where a bona fide dispute exists as to whether the circumstances have occurred.

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

### B. License:

- i. Revocation or Expiration: Whenever a practitioner's license authorizing him/her to practice in this State or his/her certificate under Business and Professions Code Section 2113 is revoked or has expired, his/her Association membership and clinical privileges shall be immediately and automatically terminated.
- ii. Restriction: Whenever a practitioner's license authorizing him/her to practice in this State or his/her Section 2113 Certification is limited or restricted by the applicable licensing authority, those clinical privileges which he/she has been granted that are within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated.
- iii. Suspension: Whenever a practitioner's license authorizing him/her to practice in this State or his/her Section 2113 Certification is suspended by the applicable licensing authority, his/her Association membership and clinical privileges shall be automatically suspended effective upon and for at least the term of the license suspension.
- iv. Probation: Whenever a practitioner is placed on probation by the applicable licensing authority, his/her applicable Association membership status and clinical privileges shall automatically become subject to the terms of the probation effective upon and for at least the term of the probation.

### C. Drug Enforcement Administration Certificate:

- i. Revocation or Expiration: Whenever a practitioner's Drug Enforcement Administration certificate is revoked or has expired, he/she shall immediately and automatically be divested of his/her right to prescribe medications covered by the certificate.
- ii. Restriction: Whenever a practitioner's Drug Enforcement Administration certificate is limited or restricted, his/her right to prescribe medications within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated.
- iii. Suspension: Whenever a practitioner's Drug Enforcement Administration certificate is suspended, he/she shall automatically be divested, at a minimum, of his/her right to prescribe medications covered by the certificate effective upon and for at least the term of the license suspension.
- iv. Probation: Whenever a practitioner's Drug Enforcement Administration certificate is subject to an order of probation, his/her right to prescribe medications covered by the certificate shall automatically become subject to the terms of the probation effective upon and for at least the term of the probation.

### D. Exclusion from participation in the Medicare, Medicaid and Federal health care programs:

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

Whenever a practitioner is excluded from participation in the Medicare, Medicaid, and all Federal health care programs, his/her Association membership and clinical privileges shall be immediately and automatically terminated.

### E. Insurance:

For any failure to maintain the programs of insurance as described in Article XV, a practitioner's Association membership and clinical privileges shall be immediately and automatically suspended and shall remain suspended until the practitioner provides evidence satisfactory to the Chief Medical Officer that he/she has secured such programs of insurance in the amounts required. If the practitioner fails to provide such evidence within three (3) months after the date the automatic suspension became effective, then the practitioner shall be deemed to have voluntarily resigned his/her Association membership and clinical privileges as of the last date of such three (3) month period.

### F. Incomplete Medical Records:

Members are required to complete medical records within the time prescribed in the relevant Rules and Regulations and/or Medical Center policies. Failure to timely complete medical records shall result in an automatic suspension after notice is given as provided in the Rules. Such suspension shall apply to the member's right to admit, treat or provide services to new patients in the Medical Center, but shall not affect the right to continue to care for a patient the member has already admitted or is treating. The suspension shall continue until the delinquent medical records are completed.

### G. Dues:

For any failure to promptly pay annual dues to the Association if any dues are approved pursuant to these bylaws, a practitioner's Association membership and clinical privileges shall be immediately and automatically suspended and shall remain suspended until the practitioner provides evidence satisfactory to the Chief Medical Officer that he/she has paid such dues in the amount required. If the practitioner fails to provide such evidence within three (3) months after the date the automatic suspension became effective, then the practitioner shall be deemed to have voluntarily resigned his/her Association membership and clinical privileges as of the last date of such three (3) month period.

### H. As soon as practicable after action is taken as described in Section 3 (B), Subsections ii, iii, or iv, or in Section 3C of this Article VI, the Executive Committee shall convene to review and consider the facts upon which such action was predicated. The Executive Committee, or any other person or body authorized by these bylaws to request corrective action, may request additional corrective action based upon information disclosed or otherwise made available, and in such event, the corrective action process set forth in Section 1 of this Article VI shall be followed as to such additional corrective action. Except as to any such additional corrective action, the affected practitioner shall not be entitled to a hearing and appellate review under Article VII.

### I. Whenever a practitioner's clinical privileges are automatically suspended or restricted in whole or in part, notice of such suspension or restriction will be given to the

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

practitioner, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director. However, the giving of such notice shall not be required in order for any automatic suspension or restriction to become effective. Upon the effective date of an automatic suspension or restriction, the Director, the Chief Medical Officer, or the responsible department chair shall have authority to provide for alternative medical coverage for the patients of the suspended or restricted practitioner still in the Medical Center at the time of such suspension or restriction.

### Section 4: Exhaustion of Remedies

If any routine corrective action, summary suspension, or automatic suspension, as set forth in Sections 1, 2 and 3 of this Article VI, is taken or recommended, the practitioner shall exhaust all the remedies afforded by these bylaws before resorting to any legal action.

## ARTICLE VII: HEARING AND APPELLATE REVIEW PROCEDURE

### Section 1: Definitions

- A. "Body whose decision prompted the hearing" means the person who, or body which, pursuant to the Association bylaws, rules and regulations, rendered the decision which resulted in a hearing being requested.
- B. "Notice" means a written communication sent by certified or registered mail, return receipt requested.
- C. "Person who requested the hearing" means the applicant or Association member, as the case may be, who has requested a hearing pursuant to Section 2 of this Article VII.

### Section 2: Request for Hearing

- A. In all cases in which the person or body which, under these bylaws, has the authority to take, and pursuant to this authority, has taken, any of the actions constituting grounds for hearing as set forth in Subsection B of this Section 2, the applicant or Association member, as the case may be, shall promptly be given notice. Such applicant or member shall have fifteen (15) days following the date of the receipt of such notice within which to request a hearing by the Judicial Review Committee hereinafter referred to. Such request shall be by notice to the Chief Medical Officer. In the event the applicant or member does not request a hearing within the time and in the manner hereinabove set forth, he/she shall be deemed to have accepted the action involved, and it shall thereupon become final and effective immediately, subject to Article XVIII.
- B. Except as otherwise provided in these bylaws, any one or more of the following actions shall constitute grounds for a hearing:
  - i. Denial of Association membership;
  - ii. Denial of requested advancement in Association membership category;
  - iii. Denial of Association reappointment;

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

- iv. Demotion to lower Association membership category;
  - v. Suspension of Association membership;
  - vi. Revocation of Association membership;
  - vii. Denial of requested privileges;
  - viii. Involuntary reduction of privileges;
  - ix. Suspension of privileges;
  - x. Termination of privileges;
  - xi. Requirement of consultation; and
  - xii. Any other action which requires a report to be made to the Medical Board of California or other appropriate State licensing agency, pursuant to California Business and Professions Code Section 805.
- C. Upon receipt of a request for hearing, the Chief Medical Officer shall deliver such request to the Executive Committee at its next regular or special meeting, if such is deemed necessary by the President of the Association. The Executive Committee shall, within fifteen (15) days after receipt of such request, schedule and arrange for a hearing. The date of the commencement of the hearing shall not be less than thirty (30) days nor more than sixty (60) days from the date of receipt of the request by the Chief Medical Officer for a hearing; provided that when the request is received from a member who is under suspension which is then in effect, the hearing shall be held as soon as the arrangements may reasonably be made, but not to exceed fifteen (15) days from the date of receipt of the request for hearing by the Chief Medical Officer.
- D. As a part of, or together with, the notice of hearing, the Executive Committee shall state in writing, in concise language, the acts or omissions with which the applicant or Association member is charged, a list of charges by chart number under question, or the reasons for the denial of the application or request of the applicant or Association member. If either party, by notice, requests a list of witnesses, then each party within fifteen (15) days of such request shall furnish to the other a list, in writing, of the names and addresses of the individuals, so far as is then reasonably known, who will give testimony or evidence in support of that party at the hearing.
- E. When a hearing is requested, the Executive Committee shall appoint a Judicial Review Committee which shall be composed of not less than five (5) members of the Active Staff who shall not have actively participated in the consideration of the matter involved at any previous level. Such appointment shall include designation of the chair. Knowledge of the particular matter on appeal shall not preclude a member from serving as a member of the Judicial Review Committee.
- F. Failure, without a showing of good cause by the person requesting the hearing, to appear and proceed at such a hearing shall be deemed to constitute voluntary acceptance of the recommendations or actions involved which shall become final and effective immediately, subject to Article XVIII.

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

- G. Postponements and extensions of time beyond the time expressly permitted in these bylaws may be requested by anyone but shall be permitted by the Judicial Review Committee or its chair acting upon its behalf only on a showing of good cause.
- H. Within fifteen (15) days after final adjournment of the hearing (provided that in the event the member is currently under suspension, this time shall be ten [10] days), the Judicial Review Committee shall render a decision which shall be accompanied by a report in writing to the body whose decision prompted the hearing, to the Executive Committee, and to the chair of the involved department. The decision of the Judicial Review Committee shall be to affirm, modify, or reverse the decision of the body whose decision prompted the hearing. In all cases, a copy of such decision and report shall be forwarded to the Director. The report shall contain a concise statement of the reasons justifying the decision made. At the same time, a copy of the decision and report shall be delivered to the person who requested the hearing by registered or certified mail, return receipt requested.
- I. The decision of the Judicial Review Committee shall be considered final, subject only to the right of appeal as provided in Section 4 of this Article VII.
- J. No person who requested the hearing shall be entitled to more than one hearing on any single matter, which may be the subject of a hearing.

### Section 3: Hearing Procedure

- A. Under no circumstances shall the hearing be conducted without the personal presence of the person requesting the hearing unless he/she has waived such appearance in writing or has failed without good cause to appear after appropriate notice.
- B. The hearings provided for in these bylaws are for the purpose of intraprofessional resolution of matters bearing on conduct or professional competency. Accordingly, neither the person requesting the hearing, the Executive Committee, nor the Director shall be represented in any phase of the hearing or appeals procedure by an attorney at law unless the Judicial Review Committee, in its sole discretion, permits both sides to be represented by legal counsel. The person requesting the hearing shall be entitled to be accompanied by and represented at the hearing only by a physician, dentist, podiatrist, or clinical psychologist who is licensed to practice in the State of California, who is not an attorney at law, and who, preferably, is a member in good standing of the Association. The body whose decision prompted the hearing may appoint a representative from the attending staff who shall present its decision and the materials in support thereof and examine witnesses.
- C. The presiding officer at the hearing shall be the hearing officer or, if none has been appointed in accordance with Subsection D of this Section 3, the chair of the Judicial Review Committee. The presiding officer shall act to ensure that all participants in the hearing have a reasonable opportunity to be heard, to present all oral and documentary evidence, and that decorum is maintained. He/she shall be entitled to determine the order of procedure during the hearing. He/she shall have the authority and discretion, in accordance with these bylaws, to make all rulings on questions, which pertain to matters of law and to the admissibility of evidence.
- D. At the request of the person who requested the hearing, the Executive Committee, the Judicial Review Committee, or the Director, on his/her own request, the Director may



## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

appoint a hearing officer, who may be an attorney at law, qualified to preside at the hearing. He/she must not act as a prosecuting officer, or as an advocate for the Medical Center, the Director, the Executive Committee, or the body whose decision prompted the hearing. If requested by the Judicial Review Committee, he/she may participate in the deliberations of such body and be a legal advisor to it, but he/she shall not be entitled to vote.

- E. The Judicial Review Committee shall maintain a record of the hearing by one of the following methods: by a certified shorthand or stenographic reporter present to make a record of the hearing or by a recording of the proceedings. The cost of any certified shorthand or stenographic reporter and any transcript shall be borne by the party requesting same. The Judicial Review Committee may, but shall not be required to, order that oral evidence shall be taken only on oath or affirmation administered by any person designated by such body and entitled to notarize documents in the State of California.
- F. At a hearing, both sides shall have the following rights: to ask Judicial Review Committee members questions which are directly related to determining whether they are impermissibly biased and to challenge such members, to call and examine witnesses, to introduce exhibits or other documents, to cross-examine any witness on any matter relevant to the issues, to impeach any witness, and to rebut any evidence. If the applicant or Association member does not testify in his/her own behalf, he/she may be called and examined as if under cross-examination. Any challenge to one or more members of the Judicial Review Committee shall be resolved by the Committee prior to continuation of the hearing.
- G. The hearing shall not be conducted according to the rules of law relating to the examination of witnesses or presentation of evidence. Any relevant evidence shall be admitted by the presiding officer if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. Each party shall have the right to submit a memorandum of points and authorities, and the Judicial Review Committee may request such a memorandum to be filed following the close of the hearing. The Judicial Review Committee may interrogate the witnesses or call additional witnesses if it deems it appropriate.
- H. The presiding officer shall have the discretion to take official notice of any matters, whether technical or scientific, relating to the issues under consideration which could have been judicially noticed by the courts of this State. Participants in the hearing shall be informed of the matters to be officially noticed, and they shall be noted in the record of the hearing. The person requesting the hearing shall have the opportunity to request that a matter be officially noticed or to refute the noticed matters by evidence or by written or oral presentation of authority. Reasonable additional time, not to exceed thirty (30) days, shall be granted, if requested, to present written rebuttal of any evidence submitted on official notice.
- I. The decision of the Judicial Review Committee shall be based on the evidence produced at the hearing. This evidence may consist of the following:
  - i. Oral testimony of witnesses;
  - ii. Briefs or memoranda of points and authorities presented in connection with the

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

hearing;

- iii. Any materials contained in the Medical Center or Association personnel files regarding the person who requested the hearing, which have been made a part of the hearing record;
  - iv. Any and all applications, references, medical records and other documents, which have been made a part of the hearing record;
  - v. All officially noticed matters; and
  - vi. Any other admissible evidence.
- J. Except as otherwise required by law, at any hearing involving any of the grounds for hearing specified in Section 2, Subsection B, points i, ii, iii, or vii of this Article VII, it shall be incumbent on the person who requested the hearing to initially come forward with evidence in support of his/her position. In all other cases specified in Section 2, Subsection B of this Article VII, it shall be incumbent on the body whose decision prompted the hearing to initially come forward with evidence to support its decision. Thereafter, the burden shall shift to the person who requested the hearing to come forward with evidence in his/her support. In all cases in which a hearing is conducted under this Article VII, after all the evidence has been submitted by both sides, the Judicial Review Committee shall rule against the person who requested the hearing unless it finds that such person has proven, by a preponderance of the evidence, that the action of the body whose decision prompted the hearing was arbitrary, unreasonable, not supported by the evidence, or otherwise unfounded.
- K. The presiding officer may adjourn the hearing and reconvene the same at the convenience of the participants without special notice. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Judicial Review Committee shall thereupon, outside of the presence of any other person, conduct its deliberations and render a decision and accompanying report, in the manner and within the time as provided in Section 2, Subsection H of this Article VII.

### Section 4: Appeal to Director

- A. Within fifteen (15) days after receipt of the decision of the Judicial Review Committee, either the person who requested the hearing or the body whose decision prompted the hearing may request an appellate review by the Director. Such request shall be to the Director, in writing, and shall be delivered either in person or by certified or registered mail, return receipt requested. If such appellate review is not requested within such period, both sides shall be deemed to have accepted the action involved, and it shall thereupon become final and shall be effective immediately, subject to Article XVIII. The written request of appeal shall also include a brief statement of the reasons for appeal.
- B. The grounds for appeal from the hearing shall be: (1) substantial failure of any person or body to comply with the procedures required by these bylaws for the conduct of hearings and decisions upon hearings so as to deny due process and a fair hearing; or (2) the action taken by the Judicial Review Committee was arbitrary, capricious, with prejudice, or not supported by substantial evidence.

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

- C. In the event of any appeal to the Director, as set forth in the preceding Subsection B, the Director shall within fifteen (15) days after receipt of such notice of appeal, schedule and arrange for an appellate review. The Director shall cause the applicant or member to be given notice of the time, place, and date of the appellate review. The date of the appellate review shall not be less than thirty (30) days nor more than sixty (60) days from the date of receipt of the request for appellate review, provided that when a request for appellate review is from a member who is under suspension which is then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made and not to exceed thirty (30) days from the date of receipt of the request for appellate review. The time for appellate review may be extended by the Director upon a showing of good cause.
- D. When an appellate review is requested, the Director shall appoint an Appeal Board which shall be composed of an odd number of not less than five (5) Appeal Board members, one of whom shall be designated by the Director as chair. The Chief Medical Officer and the Dean of the Professional School concerned, if any, shall be Appeal Board members. The remaining members shall be taken from the administrative and/or attending staffs of the Medical Center, or, otherwise, at the discretion of the Director. Knowledge of the particular matter on appeal shall not preclude anyone from serving as a member of the Appeal Board.
- E. The proceedings of the Appeal Board shall be in the nature of an appellate hearing based upon the record of the hearing before the Judicial Review Committee, provided that the Appeal Board may, in its sole discretion, accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the Judicial Review Committee hearing. Each party shall have the right to present a written statement in support of his/her position on appeal, and in its sole discretion, the Appeal Board may allow each party or representative to personally appear and make oral argument. At the conclusion of oral argument, if allowed, the Appeal Board may thereupon, at a time convenient to itself, conduct deliberations outside the presence of the appellant and respondent and their representatives. The Appeal Board, after its deliberations, shall recommend, in writing, that the Director affirm, modify, or reverse the decision of the Judicial Review Committee, or refer the matter back to the Judicial Review Committee for further review and recommendations.
- F. Within fifteen (15) days after receipt of the recommendations of the Appeal Board, the Director shall render a final decision in writing and shall deliver copies thereof to the applicant or Association member and to the Executive Committee in person or by certified or registered mail, return receipt requested. The Director may affirm, modify, or reverse the decision of the Judicial Review Committee or, in his/her sole discretion, refer the matter back to the Judicial Review Committee for further review and recommendations.
- G. Except where the matter is referred back to the Judicial Review Committee for further review and recommendation in accordance with Subsection F of this Section 4, the final decision of the Director, following the appeal procedures set forth in this Section 4, shall be effective immediately and shall not be subject to further review. If the matter is referred back to the Judicial Review Committee for further review and recommendation, such Committee shall promptly conduct its review and report back to the Director within thirty (30) days except as the parties may otherwise stipulate in writing to extend such period. Within fifteen (15) days after receipt of the Judicial Review Committee's recommendations, the Director shall render a decision in writing

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

and shall deliver copies thereof to the applicant or Association member and to the Executive Committee either in person or by certified or registered mail, return receipt requested. The Director may affirm, modify, or reverse the decision of the Judicial Review Committee, and such decision shall be final and effective immediately and shall not be subject to further review.

- H. Except as otherwise provided in these bylaws, no applicant or Association member shall be entitled, as a matter of right, to more than one appeal to the Director on any single matter which may be the subject of an appeal.

### Section 5: Exhaustion of Remedies

If any action described in Subsection B of Section 2 of this Article VII is taken or recommended, the practitioner shall exhaust all the remedies afforded by these bylaws before resorting to any legal action.

## ARTICLE VIII: MEETINGS

### Section 1: Annual Association Meeting

There shall be an annual meeting of the members of the Association. The election of officers of the Association and Association Members At Large shall take place at this meeting.

The agenda for the annual meeting shall be:

- i. Call to order;
- ii. Acceptance of the minutes, as amended if needed, of the last annual and of all intervening special meetings;
- iii. Unfinished business;
- iv. Reports from the Chief Medical Officer and Chief Executive Officer;
- v. Report from the PSA President (optional);
- vi. Reports of the departments;
- vii. Reports of the committees;
- viii. Election of officers and Association Members At Large when required by these bylaws;
- ix. Discussion and recommendations for improvement of the professional work of the Medical Center;
- x. New business; and
- xi. Adjournment.

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

### Section 2: Special Association Meetings

Special meetings of the Association may be called at any time by the President or by the Executive Committee. The President shall call a special meeting within thirty (30) days after receipt by him/her of a written request for the same, signed by not less than twenty-five (25) of the Active Staff members of the Association addressed to the President and stating the purpose for such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting. The agenda for a special meeting shall be:

- i. Reading of the notice calling the meeting;
- ii. Transaction of business for which the meeting was called; and
- iii. Adjournment.

### Section 3: Committee and Department Meetings

#### A. Regular Meetings:

Committees and departments may, by resolution, provide the time for holding regular meetings and no notice other than such resolution shall then be required. Each department shall hold regular meetings at least quarterly to review and evaluate the clinical activities of the department.

#### B. Special Meetings:

A special meeting of any committee or department may be called by, or at the request of, the chair thereof, the President, or by one-third of the group's current members but not less than two (2) members.

### Section 4: Notice of Meetings

Written or printed notice stating the place, day, and hour of any Association meeting or of any regular committee or department meeting not held pursuant to resolution shall be delivered either personally or by United States mail or County mail to each person entitled to be present there no less than seven (7) days nor more than twenty (20) days before the date of such meeting, except that notice of the annual Association meeting shall be delivered at least ten (10) days prior to the meeting. Notice of special committee or department meetings may be given orally. If mailed by United States mail, the notice of the meeting shall be deemed delivered when deposited, postage prepaid, in the United States mail addressed to each person entitled to such notice at his/her address as it appears on the records of the Medical Center. If mailed by County mail, the notice of the meeting shall be deemed delivered when deposited in the Medical Center Mail Distribution Center addressed to each person entitled to such notice at his/her address as it appears on the records of the Medical Center. Personal attendance at a meeting shall constitute a waiver of the notice of any meeting.

### Section 5: Quorum

For any Association, department or committee meeting, the presence of twenty percent (20%) or three (3) of the voting members, whichever is greater, shall constitute a quorum for the transaction of any business, including amendment of these bylaws, except that in no

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

event shall the presence of less than twenty percent (20%) or three (3) voting members constitute a quorum. At the option of the presiding officer of the committee or department, committee or department meetings may occur, and official action may be taken by telephone conference or members may participate by other form of electronic communication so long as the electronic mode of communication allows all participating members to hear and be heard by all other participating members. However, all meetings of the Executive Committee, the Performance Improvement Committee and Credentials Committee must be held in person, and members of such committees may not participate by telephone or other electronic means of communication.

### Section 6: Conduct of Meetings

All meetings shall be conducted according to these bylaws. Where not otherwise specified, the latest edition of Roberts' Rules of Order shall prevail, provided that any technical departure from such rules, as determined in the sole judgment of the presiding officer of the meeting, shall not invalidate any action taken at a meeting.

### Section 7: Manner of Action

Except as otherwise specified, the action of a majority of the voting members present and voting at any meeting at which a quorum exists shall be the action of the group. For purpose of this section, members who are participating by telephone or other electronic means as permitted in Section 5 of this Article VIII are considered present. Action may be taken without a meeting by the Association or any committee or department by written notice setting forth the action so taken, signed by each member entitled to vote thereat.

### Section 8: Minutes

Minutes of all meetings shall be prepared and maintained in a permanent record and shall include a record of attendance and the vote taken on each matter. The minutes shall be signed by the presiding officer. The Association Secretary shall maintain a permanent file of the minutes of Association and committee meetings, and each department shall maintain a permanent file of the minutes of department meetings.

### Section 9: Attendance Requirements

#### A. Regular Attendance:

Each member of a membership category required to attend meetings under Article III shall be required to attend:

- i. Association Meetings: The representative(s) of each department, as appointed pursuant to Article XI, Section 5 (A)(xv), or the representative's designee shall be required to attend all annual and special Association meetings during his/her term as representative. The representatives shall report to their departments the proceedings and actions of such meetings. All other Association members are encouraged to attend all annual and special Association meetings. Other interested persons may attend the annual and special Association meetings at the discretion of the President of the Association.
- ii. Committee and Department Meetings: Each member in the Active Staff shall

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

be required to attend not less than fifty (50) percent of all meetings of each committee or department of which he/she is a member in each Association Year.

- iii. A member is considered to have attended a meeting if he or she attends by telephone or other permitted electronic means where such alternative form of attendance is allowed pursuant to Section 5 of this Article.

### B. Absence from Meetings:

Any member who is compelled to be absent from any Association, committee or department meeting shall promptly provide to the regular presiding officer thereof the reason for such absence. Unless excused for good cause by such presiding officer, failure to meet the attendance requirements of Subsection A above may be grounds for any of the corrective actions specified in Article VI, and including, in addition, removal from such committee or department. Committee or department chairs shall report all such failures to the Executive Committee. Reinstatement of an Association member whose membership has been revoked because of absence from meetings shall be made only on application, and any such application shall be processed in the same manner as an application for initial appointment.

### C. Special Appearance:

A member whose patient's clinical course of treatment is scheduled for discussion at a committee or department meeting shall be so notified by the committee or department chair and shall be required to attend. Whenever apparent or suspected deviation from standard clinical practice is involved, the notice to the member shall so state, shall state the time and place of the meeting, shall be given by certified or registered mail, return receipt requested, at least seven (7) days prior to the meeting, and shall include a statement that his/her attendance at the meeting at which the alleged deviation is to be discussed is mandatory.

Failure of a member to attend any meeting with respect to which he/she was given notice that attendance is mandatory, unless excused by the Chief Medical Officer upon a showing of good cause, may result in a summary suspension of all or any portion of the member's clinical privileges. If the practitioner makes a written request for postponement, which is received by the Chief Medical Officer within five (5) days after the date of the notice and which is supported by an adequate showing that his/her absence will be unavoidable, his/her attendance and presentation may be excused and postponed by the committee or department chair, or by the Chief Medical Officer if the chair is the practitioner involved, until not later than the next regular committee or department meeting; otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

## Section 10: Confidentiality

All members and attendees shall agree, in writing, to keep the proceedings, records and activities of the Association, committees and departments confidential.

ARTICLE IX: OFFICERS

Section 1: Officers of the Association

- A. The elected officers of the Association shall be the President and President-elect.
- B. The Chief Medical Officer shall be an ex-officio officer of the Association serving as the Secretary and shall also be a voting member.

Section 2: Qualifications

Elected officers must be members of the Active Staff at the time of nomination and election and must remain Active Staff members in good standing during their term of office. Failure to maintain such status shall immediately and automatically create a vacancy in the office involved.

Section 3: Election of Officers and Association Members At Large

- A. The President-elect and the four (4) Association Members At Large shall each be elected for a two (2) year term at the annual Association meeting. Only Active Staff members shall be eligible to vote for the office of President-elect. Only Active Staff members shall be eligible to vote for the four (4) positions of Association Members At Large.
- B. The voting for the office of President-elect and the four (4) positions of Association Members At Large shall be by written ballot.

Election of the office of President-elect shall be by simple majority of the votes cast. In the event that there are three (3) or more candidates for such office and no candidate receives a majority, there shall be successive balloting, whereby the name of the candidate receiving fewest votes is omitted from each successive slate until a simple majority vote is obtained by one candidate. If two (2) candidates have the same number of least votes, both shall be omitted from the successive slate.

Election of the four (4) positions of Association Members At Large shall be by plurality of the votes cast with the four (4) candidates receiving the most votes being elected.

- C. The nominating committee shall consist of three (3) members, the current President-elect, who shall chair the committee, and two (2) Active Staff members appointed by the President at least two (2) months prior to the date of the annual Association meeting. This committee shall offer one or more nominees for the office of President-elect and four (4) or more nominees for the positions of Association Members At Large who must be Active Staff members. The list of nominees should be developed at least thirty (30) days prior to the date of the annual Association meeting and distributed with the notice for the annual Association meeting. The report of this committee shall be appended to the announcement calling for the annual Association meeting.
- D. Nominations for President-elect may also be made by petition signed by at least five (5) Active Staff members accompanied by written consent of the nominee(s) and filed with the President at least ten (10) days prior to the annual meeting. In this event, the



## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

President shall promptly advise the membership of the additional nomination(s) by mail.

### Section 4: Term

Each elected officer and Association Member At Large shall serve a two (2) year term or until a successor is elected. The President-elect shall automatically succeed the President and shall serve a two-year term as President without further election. Officers shall take office on the first day of the Association Year following his/her election.

### Section 5: Vacancies

A vacancy in the office of President-elect during the term of office and vacancies in the positions of Association Members At Large shall be filled by the Executive Committee. If there is a vacancy in the office of the President, the President-elect shall serve out the remaining term of the President, and the Executive Committee shall appoint a new President-Elect.

### Section 6: Removal of Elected and Ex-Officio Officers and Association Members At Large

Except as otherwise provided, removal of an elected officer or an Association Member At Large may be effected by the Executive Committee, acting upon its own initiative or by a two-thirds vote of the members eligible to vote. Removal of an elected officer may be based only upon failure to perform the duties of the elected office as described in these bylaws or by failure to continue to meet the qualifications for the office. Removal of an Association Member At Large may be based only upon failure to perform the duties of the position held as described in these bylaws.

Removal of an ex-officio officer shall be effected by the Director acting on his/her own initiative.

### Section 7: Duties of Officers

#### A. President - The President shall:

- i. Act in coordination and cooperation with the Director, the Chief Medical Officer of Health Services, the Chief Executive Officer, the Chief Medical Officer, and the Deans of the Professional Schools, in all matters of mutual concern within the Medical Center;
- ii. Preside at all meetings of the Association;
- iii. Serve as chair of the Executive Committee;
- iv. Serve as ex-officio member of all other Association committees;
- v. Be responsible, in conjunction with the Chief Medical Officer, for the enforcement of the Association bylaws, rules and regulations, and for the Association's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner;
- vi. Appoint, in consultation with the Chief Medical Officer and with approval of

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

the Executive Committee, committee members and officers to all standing Association committees as listed in Article X except as otherwise provided in Article X;

- vii. Represent the view, policies, needs and grievances of the Association to the Chief Executive Officer, the Chief Medical Officer of Health Services , and the Chief Medical Officer;
  - viii. Be spokesman for the Association; and
  - ix. Perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, and by the Director.
- B. President-elect - In the absence of the President, he/she shall assume all the duties and have the authority of the President. He/she shall be the vice-chair of the Executive Committee and shall perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, and by the Director.
- C. Secretary - The Secretary shall:
- i. Keep accurate and complete minutes of all Association meetings and carry out other secretarial functions;
  - ii. Coordinate the cooperative efforts of the President, the Chief Executive Officer, and where appropriate, the Deans of the Professional Schools, in all matters of mutual concern with the Medical Center;
  - iii. Receive, distribute and interpret the policies of the Governing Body and the Director for the Association, and report to the Governing Body and the Director, through the Chief Medical Officer of Health Services, on the performance and maintenance of quality with respect to the medical care provided in the Medical Center;
  - iv. Attend to all procedures regarding application for membership in the Association, as detailed in these bylaws;
  - v. Serve as secretary of the Executive Committee, implement their recommendations and suggest items for their consideration;
  - vi. Refer appropriate items to the various other committees of the Association;
  - vii. With concurrence of the President, call and be responsible for, the agenda of all meetings of the Association;
  - viii. Serve as an ex-officio member of all committees of the Association; and
  - ix. Perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, and by the Director.

### ARTICLE X: COMMITTEES

#### Section 1: General Provisions

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

There shall be an Executive Committee and such other standing and special committees as may from time to time be necessary and desirable to perform the Association functions described in these bylaws. The Executive Committee may by resolution establish a committee to perform one or more of the required Association functions.

The committees described in this Article X shall be the standing committees of the Association. Such committees shall be responsible to the Executive Committee.

Whenever these bylaws require that a function be performed by, or that a report or recommendation be submitted to, a named committee but no such committee exists, the Executive Committee shall perform such function or receive such report or recommendation or shall assign the functions of such committee to a new or existing committee of the Association or to the Association as a whole.

Unless otherwise specified, the members of the committees described in this Article X and the chairs thereof shall be appointed by the President subject to approval by the Executive Committee. Chairs of the committees must be Association members in good standing. Unless otherwise specified, each chair shall designate a vice-chair or co-chair from the members appointed.

Unless otherwise specified, each committee chair and member shall be appointed for a term of one (1) year and shall serve until the end of this period or until a successor is appointed, whichever occurs later, unless he/she sooner resigns or is removed. Any committee member, including the chair but not including a committee member serving ex officio, may be removed by a majority vote of the Executive Committee.

Unless otherwise specified, any vacancies on any committee shall be filled in the same manner in which an original appointment to such committee is made.

### Section 2: Executive Committee

#### A. Composition:

The Executive Committee shall consist of the following:

- i. The elected and ex-officio officers of the Association, as described in Article IX, Section 1;
- ii. The immediate past President of the Association for the two-year period following his/her term as President;
- iii. The Chief Executive Officer;
- iv. The Associate and Assistant Chief Medical Officers of the Medical Center;
- v. The Quality Management Director;
- vi. The chair of each department. Whenever a new clinical department is created, its chair shall become a member of the Executive Committee;
- vii. Four (4) Association Members At Large elected from the Active Staff

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

membership of the Association to serve two-year staggered terms;

- viii. Chief Nursing Officer;
- ix. President of the Olive View-UCLA Education and Research Institute;
- x. President of the Medical Center's Faculty Council; and
- xi. The Director and the Chief Medical Officer of Health Services are ex-officio members.

### B. Duties:

- i. To represent and to act on behalf of the Association in the intervals between Association meetings, subject to such limitations as may be imposed by these bylaws;
- ii. To coordinate and implement the professional and organizational activities and policies of the Association;
- iii. To coordinate the activities and general policies of the various departments and divisions;
- iv. To receive and act upon reports and recommendations from Association committees, departments, and from special staff reports;
- v. To formulate and approve policies of the Association not otherwise the responsibility of the departments;
- vi. To provide the formal liaison for the Association with the Medical Center Administration, the Director, and, through the Director, the Governing Body, including, without limitation, for the purpose of meeting and conferring in good faith to resolve any dispute between the Association and the Medical Center Administration, the Director, or the Governing Body;
- vii. To recommend action to the Chief Medical Officer and Chief Executive Officer on matters of medico-administrative nature;
- viii. To make recommendations on Medical Center management matters to the Chief Executive Officer;
- ix. To evaluate the health care rendered to patients in the Medical Center;
- x. To fulfill the Association's accountability to the Governing Body for the health care rendered to patients in the Medical Center and to request sufficient resources and set priorities for the attending staff to render quality health care;
- xi. To ensure that the Association is kept abreast of the licensing certification, and accreditation program and to assist in obtaining and maintaining the licensing, certification and accreditation status for the Medical Center;
- xii. To provide for the preparation of all Association programs or the delegation

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

of this responsibility;

- xiii. To review the credentials, performance, professional competence, character and other qualifications of all applicants and to make recommendations to the Director for Association membership appointments and reappointments, assignments to departments, delineation of clinical privileges, and corrective action;
- xiv. To take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the Association, including the initiation and recommendation of and/or participation in Association corrective or review measures when warranted;
- xv. To assess and make recommendations regarding the decision to select, renew, modify or terminate an agreement for contracted health services. Such recommendations shall focus exclusively on the effect of the contracted health service on the quality of patient care where the contract involves the renewal, modification, amendment or termination of an exclusive contract for physician services in specific specialty. The Association's recommendation shall be made no later than 30 days after notice by the Chief Executive Officer, Director, or their designee to the President of an intention to select a contract for a department or service. Prior to reaching a final decision on an exclusive contract for physician services in a specific specialty, the Chief Executive Officer or Director shall consider any such recommendation which is made within the time period established in this section;
- xvi. To take reasonable steps to develop continuing education activities and programs for the Association;
- xvii. To report at the annual meeting of the Association;
- xviii. To determine the amount, if any, of the annual dues for each category of Association membership, which amount shall be subject to the approval of the Director whose approval shall not be withheld unreasonably; to collect all dues; to deposit all dues in an account in a bank located in California; and to expend dues funds out of such account for Association purposes only, in accordance with Section 5 of Article XVI; and
- xix. To retain independent legal counsel to represent the Association in a legal action or otherwise and to make payment of all related attorney fees, costs and expenses, using Association dues funds only, in accordance with Section 5 of Article XVI.
- xx. To perform any other tasks assigned to it in these bylaws, or in the Rules and Regulations of the Association.

### C. Meetings:

The Committee shall meet monthly, shall maintain a permanent record of its proceedings and actions, and shall submit a monthly report to the Director through the Chief Medical Officer of Health Services, on its activities. Only Association members

may vote on clinical matters.

Section 3: Credentials Committee

A. Composition:

The Executive Committee shall serve as the Credentials Committee.

B. Duties:

- i. To review the credentials and other qualifications of all applicants and to make recommendations for membership appointment and reappointment, assignment to departments, and delineation of clinical privileges in accordance with Articles IV and V;
- ii. To review all information available regarding the competence of Association members, and as a result of such reviews, to make recommendations for the granting of privileges, appointments, and reappointments to Association membership, modification of Association membership, and the assignment of practitioners to the various departments, in accordance with Articles IV and V; and
- iii. To make a report to the Executive Committee in accordance with Articles IV and V on each applicant for Association membership or clinical privileges, including specific consideration of the recommendations from the department in which such applicant requests privileges.

C. Meetings:

The Committee shall meet monthly, shall maintain a permanent record of its proceedings and actions and shall submit at least a quarterly report to the Executive Committee on its activities.

Section 4: Healthcare Quality Board Committee

A. Composition:

The Healthcare Quality Board Committee shall consist of the Chief Medical Officer, President-elect, Physician member of the Association who acts as Chair, Quality Management Director, Chief Executive Officer, Chief Nursing Officer, Clinical Nursing Directors, Risk Manager, Utilization Management Director, Health Center representative, and additional members as needed.

B. Duties:

- i. To annually review, evaluate and recommend approval of the organizational wide Healthcare Quality Plan;
- ii. To establish systems to collect and analyze data and to identify potential problems in patient care;
- iii. To set priorities for data collection and action on problem correction;

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

- iv. To refer priority problems for assessment and corrective action to appropriate departments or committees;
- v. To review, evaluate and approve departmental and committee plans for monitoring, evaluating and improving patient care;
- vi. To receive a reports at least quarterly from each department on its healthcare quality activities for review and discussion;
- vii. To coordinate and monitor results of healthcare quality activities throughout the Medical Center;
- viii. To assist the Association and the Medical Center to meet the Joint Commission and other applicable requirements relating to healthcare quality;
- ix. To report relevant findings and results of performance improvement activity to the attending staff and Governing Body; and
- x. Cardiopulmonary Resuscitation (CPR) Subcommittee
  - a. To collect and analyze data on the incidence, quality of management and outcomes of cardiac arrests;
  - b. To ensure consistent response to Code Blues in the Medical Center by defining roles, duties and equipment and by audits of Code Blues; and
  - c. To ensure educational training.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 5: Infection Control Committee

### A. Composition:

The Infection Control Committee shall consist of at least two (2) members of the Association; at least one (1) representative from each of the following Medical Center departments: Administration, Microbiology, Pharmacy, Environmental Health and Safety, Nursing, Dietary, Central Service, Housekeeping, and Facilities; and additional members as needed.

### B. Duties:

- i. Develop a Medical Center-wide infection control program which maintains infection control surveillance;
- ii. Develop a system for reporting, identifying, reviewing and analyzing the

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

incidence and cause of nosocomial infections, including assignment of responsibility for the ongoing collection and analytic review of such data, and follow-up activities;

- iii. Develop a preventive and corrective program designed to minimize infection hazards, including establishing, reviewing, and evaluating aseptic, isolation and sanitation techniques;
- iv. Develop written policies defining special indications for isolation requirements;
- v. Coordinate action on findings from the attending staff's (including the Pharmacy and Therapeutics Committee's Antibiotic Subcommittee) review of the clinical use of antibiotics;
- vi. Act upon recommendations related to infection control received from the Chief Medical Officer, the Executive Committee, departments and other committees; and
- vii. Review sensitivities of organisms specific to the Medical Center.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 6: Pharmacy and Therapeutics Committee

### A. Composition:

The Pharmacy and Therapeutics Committee shall consist of at least five (5) members of the Association; at least one (1) representative from each of the following Medical Center departments: Nursing, Pharmacy, Administration; and additional members as needed.

### B. Duties:

The Committee shall be responsible for the development and surveillance of all drug utilization policies and practices within the Medical Center in order to assure optimum clinical results and a minimum potential for hazards. The Committee shall assist in the formulation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, manufacture, distribution, use, safety procedures and all other matters relating to drugs in the Medical Center. It shall also perform the following specific functions:

- i. Serve as an advisory group to the attending staff, nurses, pharmacists, and the Medical Center Administration on matters pertaining to the choice and cost of available drugs;
- ii. Make recommendations concerning drugs to be stocked on the nursing unit



## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

floors and by other services;

- iii. Develop and review periodically a formulary or drug list for use in the Medical Center;
- iv. Evaluate clinical data concerning new drugs or preparations requested for use in the hospital; and
- v. Review all untoward or adverse drug reactions.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 7: Blood Utilization Committee

### A. Composition:

The Blood Utilization Committee shall consist of one (1) representative from each of the following departments: Anesthesia, Emergency Medicine, Medicine, Obstetrics and Gynecology, Pathology, Pediatrics and Surgery; one (1) representative from each of the following Medical Center departments: Blood Bank and Nursing; and additional members as needed.

### B. Duties:

- i. Review blood component utilization;
- ii. Review whole blood usage;
- iii. Review each transfusion reaction;
- iv. Review the sources, adequacy, quality, and safety of the supply of blood and blood components;
- v. Develop proposed policies and procedures for the screening, distribution, handling and administration of blood and blood components; and
- vi. Recommend improvement in transfusion policies, procedures and service.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

Section 8: Medical Records Committee

A. Composition:

The Medical Records Committee shall consist of, insofar as possible, at least one (1) representative from each of the following departments: Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry and Surgery; at least one (1) representative from each of the following Medical Center departments: Nursing, Medical Records and Administration; and additional members as needed.

B. Duties:

- i. Review and evaluate medical records, or a representative sample, to determine whether the medical records:
  - a. Properly describe the condition and diagnosis, the progress of the patient during hospitalization and at the time of discharge, the treatment and tests provided, the results thereof, and adequate identification of individuals responsible for orders given and treatment and tests rendered; and
  - b. Are sufficiently complete at all times to facilitate continuity of care and communications between individuals providing patient care services in the Medical Center; and
- ii. Review and make recommendations for Association and Medical Center policies, rules and regulations relating to medical records, including completion, forms and formats, filing, indexing, storage, destruction, availability and methods of enforcement;
- iii. Provide liaison with Medical Center Administration and medical records personnel on matters relating to medical records practices; and
- iv. Assure that the Medical Center meets the Joint Commission requirements and Medicare's Conditions of Participation related to medical records.

C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

Section 9: Utilization Review Committee

A. Composition:

The Utilization Review Committee is multi disciplinary and shall consist of at least five (5) members of the Association; Physician member of the Association who acts as Chair, the Utilization Management Director; at least one (1) representative from each of the following Medical Center departments: Nursing, Administration, and Social Services; and additional members as needed.

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

### B. Duties:

- i. Establish a utilization review plan which shall be approved by the Executive Committee;
- ii. Receive, review, and evaluate statistical data and associated information obtained or generated by the Medical Center's Utilization Review Unit; and
- iii. Oversee studies designed to evaluate the appropriateness of admissions to the Medical Center, length of stay, discharge practices, use of Medical Center services, and related factors which may contribute to the effective utilization of services. The committee shall communicate the results of its studies and other pertinent data to the Executive Committee and shall make recommendations for the utilization of resources and facilities commensurate with quality patient care and safety.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 10: Research Committee

### A. Composition:

The Executive Committee may either serve as the Research Committee or appoint the members and officers of the Research Committee. If appointed, the Research Committee shall be broadly representative and composed of at least five (5) Association members and such County personnel as deemed necessary by the Executive Committee, subject to approval by the Chief Medical Officer, the Chief Executive Officer, and the Director.

### B. Duties:

The Committee shall monitor all research activities at the Medical Center involving both human subjects and non-human subjects, including, but not limited to:

- i. Review all requests for the performance of any type of medical research within the Medical Center and make recommendations to the Executive Committee as to whether or not to grant permission to conduct such research at the Medical Center and whether such research must be performed in accordance with any stated conditions. Such recommendations shall be subject to approval by the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, and the Director;
- ii. Monitor all approved medical research projects in accordance with all Federal Food and Drug Administration and other requirements and require and receive from time to time, but not less than annually, written progress reports on all approved research projects;

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

- iii. Assure compliance with all Federal and State laws and regulations applicable to the approval, performance and monitoring of all medical research, including, but not limited to, oversight by an institutional review board as required by Federal and State laws and regulations; and
- iv. Review and approve the annual, detailed written report submitted by the Olive View-UCLA Education and Research Institute, not later than six (6) months after the end of the County fiscal year which it covers, of the medical research accomplished, the research in progress, and a description of the source and dollar amount of funds expended for research at the Medical Center during the County's previous fiscal year, prior to forwarding such report to the Director.

### C. Requests to Conduct Medical Research:

No Association member or other person shall perform any type of medical research at the Medical Center without first obtaining the approval of the Research Committee, the Institutional Review Board (IRB) (as appropriate) of the Olive View-UCLA Education and Research Institute, the Animal Research Committee (as appropriate) of the Olive View-UCLA Education and Research Institute, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Director, and any other person or body whose approval is required under a County contract. No medical research shall be approved unless such research will contribute to or benefit health care for County patients and is conducted in accordance with a protocol which assures the protection of any human subjects involved that is approved by the IRB. All requests for permission to conduct medical research in the Medical Center must be in writing and in such form as may be required by the Committee and shall be accompanied by the written approval of the chair of each department involved.

### D. Meetings:

The Committee shall meet as necessary but not less than quarterly, shall maintain a permanent record of its proceedings and actions, and shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, and the Director on its activities.

## Section 11: Continuing Medical Education Committee

### A. Composition:

The Continuing Medical Education Committee shall consist of at least one (1) representative from each of the following departments: Ambulatory Care, Anesthesia, Emergency Medicine, Medicine, Obstetrics and Gynecology, Pathology, Pediatrics, Psychiatry, Radiology and Surgery; at least one (1) representative from Medical Center Administration; and additional members as needed.

### B. Duties:

- i. Plan, implement, coordinate, and promote ongoing clinical and scientific programs for attending staff and trainees. This includes:

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

- a. Identifying the educational needs of the attending staff and trainees;
  - b. Formulating clear statements of objectives for each program;
  - c. Assessing the effectiveness of each program;
  - d. Choosing appropriate teaching methods and knowledgeable faculty for each program; and
  - e. Documenting attending staff and trainees participation in each program.
- ii. Maintain close liaison with the performance improvement program of the Medical Center in order to be apprized of problem areas in patient care, which may be addressed by a specific medical education activity;
  - iii. Maintain close liaison with other Association and department committees to assure delivery of optimal patient care; and
  - iv. Make recommendations to the Executive Committee regarding the educational needs of the attending staff.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 12: Bioethics Committee

### A. Composition:

The Bioethics Committee shall be multi disciplinary with both physician representatives and representatives from, but not limited to, the following disciplines: Nursing, Social Work, Administration, and clergy, and additional members as needed. The Chief Nursing Officer and Associate Chief Executive Officer shall be ex-officio members.

### B. Duties:

- i. Help assure that there is appropriate consideration of ethical issues which may be associated with decisions relating to patient care;
- ii. Review and advise concerning ethical patient care and policy issues referred to it by other Association committees, Medical Center staff, or other involved parties;
- iii. Educate themselves and offer education to other Medical Center staff concerning ethical issues (e.g., as they relate to patient care related policies, procedures, and clinical practices);

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

- iv. Offer consultation to all Medical Center departments. In this function, the Committee will serve as an advisory group but will not make specific decisions related to patient care. Rather, patient care decisions will be made by the patient and applicable practitioner; and
- v. Provide twenty-four (24) hour on-call consultation availability.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 13: Medical Staff Aid Committee

### A. Composition:

The Medical Staff Aid Committee shall consist of at least three (3) members selected from any of the departments, and additional members as needed.

### B. Duties:

The Committee may receive statements of concern related to the health, well-being, or impairment, including, but not limited to, substance abuse and physical or mental illness, of Association members and, as it deems appropriate, may investigate such reports statements of concern and evaluate compliance by a practitioner with a monitoring agreements. These activities are separate from any attending staff corrective action functions. The Committee may, on a voluntary basis, provide such advice, counseling, or referrals to Association members as may seem appropriate. Such activities shall be confidential; however, in the event that any information received by the Committee clearly demonstrates that the health or known impairment of an Association member may pose an unreasonable risk of harm to patients, that information may be referred to the Executive Committee for corrective action pursuant to Article VI.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 14: Operative Services Committee

### A. Composition:

The Operative Services Committee shall consist of the chairs of the departments of Surgery, Anesthesiology, and Obstetrics and Gynecology, other physician representatives from these departments, Area Nursing Supervisors from both Maternal Child Nursing and Surgical Services or their designees, Operating Room Nursing

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

Supervisor, Labor and Delivery Nursing Supervisor, Administrator(s) assigned to the departments of Surgery, Obstetrics and Gynecology, Anesthesiology, and additional members as needed.

### B. Duties:

- i. Establish or recommend policies and procedures for the effective operation of the Operating Room and the Labor and Delivery Suite;
- ii. Monitor the quality of care associated with operative and other major invasive procedures as the different departments interact in the care of patients and recommend actions to improve the quality of care;
- iii. Monitor Operating Room use and recommend actions to improve efficiency;
- iv. Assure that operating services policies, procedures, and practices are in compliance with all applicable laws and regulations and County and Medical Center policies, and assure that they are consistent, compatible, and coordinated with those of relevant departments and committees (e.g., Emergency Room, Admitting, Bed Control, Obstetrical Labor and Delivery Area, Infection Control, and Quality Management); and
- v. Tissue/Surgical Case Review Sub-Committee
  - a. Review of surgical cases in which a specimen tissue is removed, as well as from those cases in which no specimen is removed;
  - b. Review shall include the indications for surgery and all cases in which there is a major discrepancy between the pre-operative and post operative (including pathologic) diagnosis;
  - c. Develop proposed policies and procedures for selecting and monitoring the appropriate procedures, preparing the patient, performing the procedures, monitoring the patient, and post procedure care; and
  - d. This sub-committee shall submit a written quarterly report to the Operative Services Committee on its activities.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 15: Interdisciplinary Practice Committee

### A. Composition:

The Interdisciplinary Practice Committee shall consist of at least the Chief Nursing Officer; a representative of Medical Center Administration; an equal number of physician members appointed by the President and of registered nurses appointed by

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

the Chief Nursing Officer; one (1) or more licensed or certified health professionals other than registered nurses who perform functions requiring standardized procedures; and additional members as needed.

### B. Duties:

#### i. Standardized Procedures

- a. Consistent with the requirements of law and regulation, the Committee shall assist in developing standardized procedures that apply to nurses or allied health professionals; identify functions that are appropriate for standardized procedures; and review and approve standardized procedures, subject to review and approval by the Executive Committee review and if appropriate, modify existing standardized procedures;
- b. Standardized procedures shall only be approved after consultation with the departments involved and by affirmative vote of (i) a majority of administrative members, (ii) a majority of physician members, and (iii) a majority of nurse members.

#### ii. Credentialing Allied Health Professionals

- a. The Committee shall recommend policies and procedures for expanded role privileges for assessing, planning and directing the patient's diagnostic and therapeutic care rendered by allied health professionals;
- b. The Committee shall review allied health professionals' applications and requests for privileges and forward its recommendations and the applications on to the appropriate department;
- c. The Committee shall participate in allied health professional peer review and performance improvement; and
- d. The Committee shall serve as liaison between allied health professionals and the Association.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 16: Risk Management Committee

### A. Composition:

The Risk Management Committee shall be composed of a Physician member of the Association who acts as Chair, Director of Quality Management, Associate Chief Executive Officer, Risk Manager, Director of Environmental Health and Safety; representatives from third party administrator and Nursing; and additional members as needed.



## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

### B. Duties:

- i. Reviewing Medical Center-wide risk management problems and trends;
- ii. Making recommendations on risk management events and trends;
- iii. Evaluating and updating current systems used to identify potential risks in the clinical aspects of patient care and safety;
- iv. Designing strategies to limit exposures in high-risk areas;
- v. Ensuring integration with performance improvement and safety management regarding issues in common;
- vi. Participating in loss prevention education;
- vii. Participating in risk management related policy development;
- viii. Maintaining communication with other Association committees;
- ix. Reviewing settlements and judgments for risk management issues and making appropriate recommendations for follow-up activities; and
- x. Reporting aggregated risk management data to Medical Center Administration.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 17: Bylaws Committee

### A. Composition:

The Bylaws Committee shall consist of at least three (3) members of the Association and at least one (1) representative from Medical Center Administration.

### B. Duties:

The Committee shall review the bylaws and rules and regulations of the Association at least biennially to recommend any amendments needed.

### C. Meetings:

The Committee shall meet as needed at the request of its chair, shall maintain a permanent record of its proceedings and actions, and shall submit reports as necessary to the Executive Committee on its activities.

Section 18: Graduate Medical Education Committee

A. Composition:

The Graduate Medical Education Committee shall consist of one (1) representative from each of the following departments: Anesthesia, Emergency Medicine, Medicine, Obstetrics and Gynecology, Pathology, Pediatrics, Primary Care & Community Medicine, Psychiatry, Radiology and Surgery; at least (1) representative from Medical Center Administration; and additional members as needed.

B. Duties:

- i. Help assure that medical education activities involving interns, residents and fellows at the Medical Center and ValleyCare are of high quality and in compliance with Accreditation Council for Graduate Medical Education requirements and Medical Center policies;
- ii. Provide comprehensive education goals and plans for post graduate trainees; and
- iii. Advise Medical Center Administration concerning the educational and institutional needs of the post graduate training programs.

C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

Section 19: Invasive Procedure Review Committee

A. Composition:

The Invasive Procedure Review Committee shall consist of one (1) representative from each of the following departments: Anesthesiology, Emergency Medicine, Medicine, Obstetrics and Gynecology, Pediatrics and Surgery; and additional members as needed.

B. Duties:

- i. The Committee shall conduct a continuous and ongoing review and evaluation of Medical Center-wide issues in regard to invasive procedures outside the operating room; and
- ii. Monitor the quality of care associated with operative and other major invasive procedures outside the operating room as the different departments interact in the care of patients and recommend actions to improve the quality of care;

C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

### Section 20: Patient Safety Committee

#### A. Composition:

The Patient Safety Committee shall be composed of at least two (2) members from the Association (where one shall serve as the chair of the committee); at least one (1) representative from each of the following Medical Center departments; Administration, Infection Control, Patient Safety Officer (who will serve as the co-chair of the Committee), Nursing Education, Environmental Health and Safety; and additional members as needed.

#### B. Duties:

- i. Provide an ongoing proactive approach to reduce risk and promote patient safety at the Medical Center and ValleyCare;
- ii. Integrate patient safety as a priority into new processes and the redesign of existing processes, function and services;
- iii. Create a non-punitive culture thereby encouraging reporting of near misses, adverse events and sentinel events; and
- iv. Monitor compliance of with the Joint Commission's of Accreditation of Healthcare Organizations National Patient Safety Goals.
- v. Annually, conduct a proactive risk assessment of high-risk process (i.e., failure mode and effects analysis), and redesign and improve the process to reduce the risk of errors and improve patient safety.

#### C. Meetings:

The Committee will meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Healthcare Quality Board Committee and Executive Committee on its activities.

### Section 21: Other Committees

The President, in consultation with the Chief Medical Officer, may establish and appoint special or ad hoc committees when deemed necessary. The appointment of such committees shall include the following:

- A. The members of the committee and its chair;
- B. The exact charge for which the committee is formed;
- C. To whom and when the committee shall report concerning its deliberations and/or actions; and

- D. The duration of service of the committee.

ARTICLE XI: ORGANIZATION

Section 1: Organization of the Association

The Association shall be organized into departments which are reflective of the scope of services provided within the Medical Center. Each department shall have a chair who is supervised by the Chief Medical Officer and who shall be responsible for the overall supervision of the clinical, educational, and research activities within his/her department.

The current departments are as follows:

- i. Anesthesiology
- ii. Emergency Medicine
- iii. Medicine
- iv. Neurology
- v. Obstetrics and Gynecology
- vi. Pathology
- vii. Pediatrics
- viii. Primary Care and Community Medicine
- ix. Psychiatry
- x. Radiology
- xi. Surgery

Notwithstanding the procedures set forth in Article XIX, the organization of the Association, as set forth in this Section 1, may be amended from time to time by the Executive Committee with the advice of Medical Center Administration, subject to the approval of the Director acting as delegate for the Governing Body. Prior to taking action regarding any proposed amendment, the Executive Committee, in its sole discretion, may request approval of the amendment at any annual or special Association meeting by the members present and eligible to vote, provided that a quorum exists. Following Executive Committee action, such amendment shall be effective only upon approval by the Director acting as delegate of the Governing Body, which approval shall not be withheld unreasonably. The President shall notify all the members of the Association of any approved amendment. Notwithstanding the above, it shall be exclusively within the control and discretion of the Director and the Governing Body to establish the scope and venue of services provided within the Medical Center, including, but not limited to, the creation, elimination, consolidation or modification of specific departments of the Medical Center, provided that the Director and/or the Governing Body may request and consider the recommendations, if any, of the Executive Committee.

Section 2: Assignment to Departments

Each practitioner shall be assigned membership in at least one department but may be granted membership and/or clinical privileges in one or more other departments. The exercise of privileges within each department shall be subject to the rules and regulations therein and to the authority of the department chair.

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

### Section 3: Functions of Departments

- A. Each department shall establish its own criteria consistent, with the policies of the Medical Center and the Association, for the granting of clinical privileges in the department, and such criteria must be approved by the Executive Committee.
- B. Each department shall have a performance improvement committee or committees to review and analyze on a peer group basis the ongoing monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients. Each departmental performance improvement committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit a written report at least quarterly to the department chair and the Healthcare Quality Board Committee on its activities.

### Section 4: Appointment and Removal of Department Chairs

The department chairs shall all be Active Staff members who are qualified by training, experience and demonstrated abilities to be chair of the particular department and shall be willing and able to discharge the functions of chair of the particular department . They shall be board certified in a specialty or subspecialty of the particular department or be able to establish, through the privilege delineation process, that they possess comparable competence. They shall be appointed by the Director, upon the recommendation of the Chief Medical Officer (after consideration of the recommendation of a search committee appointed by the Chief Medical Officer), the Chief Executive Officer and the Chief Medical Officer of Health Services. Each department chair shall serve until his/her successor is appointed unless he/she shall sooner resign or be removed. Removal of a department chair shall be effected by the Director acting either on his/her own initiative, following consultation with the Chief Medical Officer, the President, and the Chief Executive Officer, or on the recommendation of the Chief Medical Officer or the Executive Committee.

### Section 5: Responsibilities and Review of Department Chairs

- A. Each department chair shall be responsible for the following:
  - i. All clinical related activities of the department;
  - ii. All administrative related activities of the department, unless otherwise provided for by the Medical Center;
  - iii. The integration of the department into the primary functions of the Association;
  - iv. The coordination and integration of interdepartmental and intradepartmental services;
  - v. The development and implementation of policies and procedures that guide and support the provision of services;
  - vi. The recommendations for a sufficient number of qualified and competent persons to provide care/service;

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

- vii. Continuing surveillance of the professional performance of all persons in the department who have delineated clinical privileges in his/her department;
  - viii. Recommending to the Executive Committee the criteria for clinical privileges that are relevant to the services provided in the department;
  - ix. Recommending clinical privileges for each applicant and member of the department;
  - x. The determination of the qualifications and competence of department personnel who are not practitioners and who provide patient care services;
  - xi. The continuous assessment and improvement of the quality of care and services provided;
  - xii. The maintenance of quality control programs, as appropriate;
  - xiii. The orientation and continuing education of all persons in the department;
  - xiv. Recommendations for space and other resources needed by the department;
  - xv. Appointing at least one (1) representative from the department to attend the annual and any special meetings of the Association and assuring that each representative reports to the department after each such meeting;
  - xvi. Assessing and recommending to the relevant Medical Center authority off-site sources for needed patient care services not provided by the department or the Medical Center;
  - xvii. Be a member of the Executive Committee;
  - xviii. Assist as necessary or required in the biannual evaluation of the Chief Medical Officer as indicated in Medical Center policy. This evaluation shall include, without limitation, a review of his/her leadership, administration, and academic/educational activities; and
  - xix. Performance of such other duties as may from time to time be reasonable requested of him/her by the President, the Chief Medical Officer, the Executive Committee, the Chief Medical Officer of Health Services or the Director.
- B. Each department chair shall undergo periodic review at least every four (4) years. The periodic review shall be performed by an ad hoc review committee appointed by the President, in consultation with the Chief Medical Officer. The committee shall be composed of not less than three (3) physicians which shall include one (1) from the chair's academic department in the applicable Professional School.

The committee should solicit comments from current and past members of the department and review personnel actions, administrative decisions, general functioning of the department, and academic/educational progress. In addition, the committee may identify areas of success and/or deficiencies which should be addressed.

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

The committee shall submit a written summary of its findings to the Chief Medical Officer. Information in the review will be used by the Chief Medical Officer as a component in the evaluation of the chair.

### ARTICLE XII: CONFIDENTIALITY, IMMUNITY, AND RELEASES

#### Section 1: Special Definitions

For the purposes of this Article, the following definitions shall apply:

- A. Information means records of proceedings, minutes, records, files, communications, reports, memoranda, statements, recommendations, data and other disclosures, whether in written or oral form, relating to professional qualifications, clinical ability, judgment, character, physical and mental health status, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.
- B. Representative means Los Angeles County and any officer, employee or agent thereof; the Association and any member, officer, department, service, division, board, or committee thereof; any other medical staff organization and any member, officer, department, service, division, board, or committee thereof; any other health care facility or organization and any officer, department, service, division, board, or committee thereof; and any person authorized by any of the foregoing to perform specific information gathering or disseminating functions.
- C. Third Party means any person or organization providing information to any representative.

#### Section 2: Authorizations and Conditions

By applying for, or exercising, clinical privileges or providing specified patient care services within the Medical Center, a practitioner:

- A. Authorizes representatives of the County of Los Angeles, the Medical Center, and the Association to solicit, provide and act upon any information bearing upon, or reasonably believed to bear upon, his/her professional ability and qualifications.
- B. Authorizes representatives and third parties to provide any information, including otherwise privileged or confidential information, concerning the practitioner to the Medical Center and the Association.
- C. Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative or third party who acts in accordance with the provisions of this Article.
- D. Acknowledges that the provisions of this Article are express conditions to his/her application for, and acceptance of, Association membership and the continuation of such membership, and/or to his/her application and exercise of clinical privileges or provision of specified patient care services at the Medical Center.

Section 3: Confidentiality of Information

Information with respect to any practitioner submitted, collected, prepared, or maintained by any representative for the purpose of achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to clinical research, as well as any other information with respect to any Association, committee or department meeting, shall, to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than a duly authorized person nor be used in any way except as provided in these Bylaws or except as otherwise required by law. However, this information may be disseminated to and used by committee members, department chairs, or their delegates for the purpose of fulfilling responsibilities established in these bylaws or the Rules and Regulations, or policies and procedures of the Association. Further, the Chief Executive Officer, the Governing Body and their designees may review, receive and utilize such confidential information for the purpose of enabling them to discharge their lawful obligations and responsibilities. Except as provided in these bylaws, dissemination of such information shall be made only where expressly required by law, pursuant to officially adopted policies of the Association or, where no official policy exists, only with the express approval of the Executive Committee. Such confidentiality shall extend also to any information submitted, collected, prepared, or maintained by any practitioner or any third party. This information shall not become part of any particular patient's file or of the general Medical Center records.

Inasmuch as effective peer review, the consideration of the qualifications of Association members and applicants to perform specific procedures and the evaluation and improvement of the quality of care rendered in the Medical Center, must be based on free and candid discussion, any breach of confidentiality of the discussions or deliberations of the Association, departments, divisions, or committees, except in conjunction with any other medical staff organization or health care facility or organization or any licensing authority, is outside appropriate standards of conduct for the Association and shall be deemed disruptive to the operations of the Association and the Medical Center. If it is determined that such a breach has occurred or is likely to occur, the Medical Center or the Executive Committee may undertake such corrective action as deemed appropriate.

It shall be the responsibility of each practitioner to obtain the release of any information requested by the Association or the Medical Center.

Notwithstanding any other provision of these bylaws, the Association, the Medical Center, and the County of Los Angeles, and their officers, employees, and agents, shall, to the fullest extent permitted by law, be entitled to utilize any information submitted, collected, prepared, or maintained by any practitioner, representative, or third party, in defense of any suit or claim brought against any or all of them relating to any act or omission of any practitioner.

Section 4. Practitioner Access and Correction of Confidential Information

- A. A practitioner who is credentialed under these bylaws shall have access to his or her own credentials file, subject to the following provisions:
  - 1. Notice of a request to review the file shall be given by the practitioner requesting access to the Chief Medical Officer or his or her designee at least three days before the requested date of review.



## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

2. The practitioner may review and receive a copy of only those documents provided by or addressed personally to the practitioner. A summary of all other information, including peer review committee findings, letters of reference, proctoring reports, complaints, etc. shall be provided to the practitioner in writing, within two weeks. Such summary shall disclose the substance, but not the source, of the information summarized.
  3. The review by the practitioner shall take place in the medical staff office, during normal business hours, with an Association officer or designee present.
- B. A practitioner is permitted to request correction of information in his or her credentials file so long as the request is in writing, directed to the Chief Medical Officer, and includes a statement of the basis for the requested correction. The Chief Medical Officer, within a reasonable period of time will make a recommendation to the Executive Committee on whether a correction should be made, which shall make the final decision on the request. The Executive Committee shall promptly notify the practitioner of its decision. Notwithstanding the Executive Committee's decision, the practitioner has the right to add to his or her credentials file a statement responding to any information contained in the file. Any such written statement shall be addressed to the Executive Committee, which shall cause it to be placed in the credentials file immediately following review by the Committee.

### Section 5: Immunity from Liability

#### A. For Action Taken:

Each representative of the County of Los Angeles, the Medical Center, or the Association and all third parties shall, to the fullest extent permitted by law, be exempt from any liability to any practitioner for any damages or other relief for any action taken or statements or recommendations made within the scope of his/her duties.

#### B. For Providing Information:

Each representative of the County of Los Angeles, the Medical Center, or the Association, and all third parties, shall, to the fullest extent permitted by law, be exempt from any liability to any practitioner for any damages or other relief by reason of providing information to a representative of the County of Los Angeles, the Medical Center, or the Association, or to any other health care facility or organization or medical staff organization concerning any practitioner who is, or has been, an applicant to or member of the Association or who did, or does, exercise clinical privileges or provide specified patient care services at the Medical Center.

### Section 6: Activities and Information Covered

The provisions of this Article shall apply to all acts, communications, reports, recommendations, and disclosures of any kind performed or made in connection with the activities of the Medical Center, the Association, or any other health care facility or organization or medical staff organization, concerning, but not limited to:

- A. Applications for appointment, clinical privileges or specified patient care services;

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

- B. Periodic reappraisals for reappointment, clinical privileges or specified patient care services;
- C. Corrective action;
- D. Hearings and appellate reviews;
- E. Performance data from the performance improvement program;
- F. Utilization reviews;
- G. Other Medical Center, Association, department, division, or committee activities related to monitoring and/or maintaining quality patient care and appropriate professional conduct; and
- H. National Practitioner Data Bank, peer review organizations, Medical Board of California, and similar reports.

### Section 7: Releases

Each practitioner shall, upon request of the Medical Center or the Association, execute general and specific releases in accordance with the express provisions and general intent of this Article. However, execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

## ARTICLE XIII: RULES AND REGULATIONS

### Section 1: Association Rules and Regulations

Subject to the approval of the Director, the Executive Committee shall adopt, amend, or repeal such rules and regulations of the Association as may be necessary to implement more specifically the general principles found within these bylaws including rules and regulations relating to corrective actions, fair hearing and appeals, credentialed, privileging and appointment. Such rules and regulations shall not be inconsistent with these bylaws or the policies of the Medical Center. Following Executive Committee action, such rules and regulations shall become effective only upon approval by the Director, which approval shall not be withheld unreasonably. Such rules and regulations shall be reviewed, and may be revised if necessary, at least every two (2) years. If there is any conflict between these bylaws and such rules and regulations, the bylaws shall govern. If significant changes are made in such rules and regulations, as determined by the Executive Committee, then Association members and other persons with clinical privileges shall be provided with revised texts.

### Section 2: Departmental Rules and Regulations

Subject to the approval of the Executive Committee and Director, each department shall adopt, amend, or repeal its own rules and regulations for the conduct of its affairs and the discharge of its responsibilities. Such rules and regulations shall not be inconsistent with these bylaws, the rules and regulations of the Association, or the policies of the Medical Center. If there is any conflict between these bylaws and such rules and regulations, the bylaws shall govern.

ARTICLE XIV: FEES AND PROFITS

Section 1: General Rules

Except as otherwise provided by County contract, no member of the Association shall bill, accept, or receive any fee or gratuity for any type of service rendered to any patient under the jurisdiction of the Medical Center, except as to those patients who are designated as private patients of that member upon admission or where a member is called as a consultant for a private patient of another member.

Section 2: Division of Fees

The practice of the division of fees under any guise whatsoever is forbidden, and any such division of fees shall be cause for exclusion from the Association.

Section 3: Research

No member of the Association shall receive any direct pecuniary gain from any patient or sources on behalf of any patient as a result of any research conducted in the Medical Center.

ARTICLE XV: INDEMNIFICATION AND INSURANCE

Section 1. Indemnification

A. Indemnification by Certain Practitioners

Notwithstanding any other provision of these bylaws, each practitioner (other than a practitioner who (1) provides health services to a patient at the Medical Center within the scope of his/her employment as a County Civil Service employee, whether classified or unclassified, (2) provides health services to a patient at the Medical Center within the scope of a contract which he/she has entered into with the County and which has been approved by the Governing Body, or (3) provides health services to a patient at the Medical Center within the scope of a contract which has been entered into between a non-County entity and the County and which has been approved by the Governing Body) who renders services to and bills patients in the Medical Center shall indemnify, defend and hold harmless County, and its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including, but not limited to, demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with practitioner's acts and/or omissions arising from and/or relating to the services provided to such patients by such practitioner.

B. Indemnification by County

The County of Los Angeles, on behalf of the Medical Center, shall indemnify, defend and hold harmless the Association and its individual members ("Indemnities") from and against losses and expenses (including reasonable attorney's fees, judgments, settlements, and all other costs) incurred or suffered by reason of or based upon any threatened, pending or completed action, suit, proceeding, investigation, or other dispute relating or pertaining to any alleged act or failure to act with the scope of peer review, quality assessment or quality improvement activities including but not limited to:

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

- (i) Acting as a member of or witness for a department, service, committee, or hearing panel;
- (ii) As a person providing information to any Association or Medical Center group, officer, Governing Body member or employee for purposes of aiding in the evaluation of the qualifications, fitness or character of an Association member or applicant.

The County shall retain responsibility for the sole management and defense of any such claims, suits, investigations or other disputes against Indemnities, including, but not limited to the selection of legal counsel to defend against any such action. The indemnity set forth in this section is expressly conditioned on Indemnities' good faith belief that their actions and or communications are reasonable and warranted and in furtherance of the Association's peer review, quality assurance or quality improvement responsibilities in accordance with the purpose of the Association as set forth in these bylaws. In no event will the County indemnify any Indemnity for acts or omissions taken, or not taken, in bad faith or in pursuit of the Indemnities private economic interests.

### Section 2: General Insurance Requirements

Without limiting any such practitioner's indemnification of County, each such practitioner shall provide and maintain the programs of insurance specified in this Article XV. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by County, and such coverage shall be provided and maintained at the practitioner's own expense.

- A. Evidence of Insurance: Certificate(s) or other evidence of coverage satisfactory to County shall be delivered to the Chief Medical Officer prior to any such practitioner rendering any services to any patient at the Medical Center. Such certificates or other evidence shall:
  - 1. Specifically reference these bylaws.
  - 2. Clearly evidence all required coverage.
  - 3. Contain the express condition that County is to be given written notice by mail at least thirty (30) days in advance of cancellation for all policies evidenced on the certificate of insurance.
  - 4. Include copies of the additional insured endorsement to the commercial general liability policy, adding the County of Los Angeles, its Special Districts, its officials, officers and employees as additional insureds for all activities arising from and/or relating to the services provided by the practitioner.
  - 5. Identify any deductibles or self-insured retentions for County's approval. The County retains the right to require the practitioner to reduce or eliminate such deductibles or self-insured retentions as they apply to County, or, require the practitioner to provide a bond guaranteeing payment of all such retained losses and related costs, including, but not limited to, expenses or fees, or both, related to investigations, claims administrations, and legal defense. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.
- B. Insurer Financial Ratings: Insurance shall be provided by an insurance company acceptable to the County with an A.M. Best rating of not less than A:VII, unless otherwise approved by County.

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

- C. Failure to Maintain Coverage: Any failure by any such practitioner to provide and maintain the required insurance, or to provide evidence of insurance coverage acceptable to County, shall constitute a material violation of these bylaws and shall result in the immediate and automatic suspension of the practitioner's Association membership and clinical privileges as provided in Section 3 of Article VI. County, at its sole option, may obtain damages from the practitioner resulting from such breach.
- D. Notification of Incidents, Claims or Suits: Each such practitioner shall notify the County, or its authorized claims representative, by Department of Health Services incident report of any occurrence of disease, illness, death, injury to persons or destruction of property, or any malpractice, error, or event that is potentially compensable (e.g., any adverse event related to hospitalization or treatment, any deviation from expected outcomes). If a claim is made or suit is brought against the practitioner and/or the County, the practitioner shall immediately forward to the County, or its authorized claims representative, copies of every demand, notice, summons or other process received by him or his representative. In addition, each such practitioner shall cooperate with and assist the County, or its authorized representatives, in accordance with County and Medical Center procedures.
- E. Compensation for County Costs: In the event that any such practitioner fails to comply with any of the indemnification or insurance requirements of these bylaws, and such failure to comply results in any costs to County, the practitioner shall pay full compensation to County for all costs incurred by County.

### Section 3: Insurance Coverage Requirements

- A. General Liability insurance (written on ISO policy form CG 00 01 or its equivalent) with limits of not less than the following:  
  
General Aggregate: \$2 million  
Products/Completed Operations Aggregate: \$1 million  
Personal and Advertising Injury: \$1 million  
Each Occurrence: \$1 million
- B. Automobile Liability insurance (written on ISO policy form CA 00 01 or its equivalent) with a limit of liability of not less than \$1 million for each accident. Such insurance shall include coverage for all owned, hired and non-owned vehicles, or coverage for any auto.
- C. Workers' Compensation and Employers' Liability insurance providing workers' compensation benefits, as required by the Labor Code of the State of California or by any other state, and for which such practitioner is responsible. This insurance also shall include Employers' Liability coverage with limits of not less than the following:  
  
Each Accident: \$1 million  
Disease - policy limit: \$1 million  
Disease - each employee: \$1 million
- D. Professional Liability insurance covering liability arising from any error, omission, negligent or wrongful act of the practitioner, its officers or employees with limits of not less than \$1 million per occurrence and \$3 million aggregate. The coverage also shall provide an extended two-year reporting period commencing upon termination or

cancellation of clinical privileges.

ARTICLE XVI: GENERAL PROVISIONS

Section 1: Construction of Terms and Headings

Words used in these bylaws shall be read as the masculine or feminine gender and as the singular or plural, as the context requires. The captions or headings in these bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these bylaws.

Section 2: Executive Committee Action

Whenever these bylaws require or authorize action by the Executive Committee, such action may be taken by a subcommittee of the Executive Committee to which the Executive Committee has delegated the responsibility and authority to act for it on the particular subject matter, activity or function involved.

Section 3: Authority to Act

Action of the Association in relation to any person other than the members thereof shall be expressed only through the President of the Association or his/her designee or the Executive Committee or its designee, and they shall first confer with the Chief Executive Officer. Any member who acts in the name of the Association without proper authority shall be subject to such disciplinary action as the Executive Committee or the Chief Executive Officer may deem appropriate.

Section 4: Acceptance of Principles

All members of whatever category do by application for membership in the Association agree to be bound by the provisions of these bylaws, a copy of which shall be delivered to each member on his/her initial appointment and a copy of each amendment thereto which shall be promptly delivered after adoption. Any violation of these bylaws shall subject the applicant or member to such disciplinary action as the Executive Committee or the Chief Executive Officer may deem appropriate.

Section 5: Dues

Each member of the Association shall promptly pay annual dues to the Association, if any dues are approved pursuant to these bylaws.

Each year, the Executive Committee shall determine the amount, if any, of the annual dues for each category of Association membership, which amount shall be subject to the approval of the Director. Prior to taking any action regarding the dues, the Executive Committee, in its sole discretion, may request approval of the dues at any annual or special Association meeting by the members present and eligible to vote, provided that a quorum exists. Following Executive Committee action, the dues shall be effective only upon approval by the Director, which approval shall not be withheld unreasonably. The President shall notify all members of any approved dues.

The Executive Committee shall collect all dues and shall deposit all dues in an account in a bank located in California. The Association, through the Executive Committee,

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

shall expend dues funds out of such account only for Association purposes as described below, provided that all expenditures of dues funds shall require the signatures of both the President and the Chief Medical Officer. Such account shall be subject to audit by the Director and the County's Auditor-Controller.

The Association, through the Executive Committee, shall expend dues funds only for Association purposes as deemed appropriate and approved by the Executive Committee. These purposes may include, without limitation, (i) the provision of continuing education programs for the Association, and (ii) subject to all of the requirements stated below, the retention of independent legal counsel, including payment of all related attorney fees, costs and expenses, to represent the Association in a legal action or otherwise.

### Section 6: Representation of Legal Counsel

Notwithstanding any other provision of these bylaws, the Association, through the Executive Committee, shall retain and be represented by such independent legal counsel only when necessary in order for the Association to exercise its rights, obligations or responsibilities as described in California Business and Professions Code Section 2282.5. The Association, through the Executive Committee, shall not retain, be represented by, or make any payment for independent legal counsel, including, without limitation, payment of any related attorney fees, costs and expenses in connection with an action or matter against the County of Los Angeles and/or its Department of Health Services, until after the Executive Committee has met and conferred in good faith with the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director, acting both as the Director and as delegate for the Governing Body, to resolve the dispute(s) relating to the purpose of the proposed legal representation of the Association. The Association, through the Executive Committee, shall make all payments for the independent legal counsel, including, without limitation, all related attorney fees, costs and expenses, using dues funds only and shall be solely liable and responsible for the independent legal counsel, including, without limitation, for payment of all related attorney fees, costs and expenses. The County of Los Angeles have no liability or responsibility for the independent legal counsel, including, without limitation, for payment of any related attorney fees, costs and expenses.

## ARTICLE XVII: CONFLICT OF INTERESTS

Notwithstanding any other provision of these bylaws, no person who is in any way involved in an application for, or the conduct of, any medical research project which is or may be performed in whole or in part at a Los Angeles County facility shall in any way participate in the County's approval or ongoing evaluation of such project, or in any way attempt unlawfully to influence the County's approval or ongoing evaluation of such project.

## ARTICLE XVIII: AUTHORITY OF DIRECTOR OF HEALTH SERVICES

### Section 1: Approval

In accordance with the provisions of these bylaws, no appointment or reappointment to membership or grant of clinical privileges shall be effective unless and until approved by the Director, acting on behalf of the Governing Body, and no suspension or termination (including, without limitation, any denial of reappointment, but not including any automatic suspension or termination) of the membership or all or any portion of the clinical privileges

## OLIVE VIEW-UCLA MEDICAL CENTER – PSA BYLAWS

of any person shall be effective unless and until approved by the Director acting on behalf of the Governing Body; provided that in cases of emergency where there is a likelihood of direct and immediate danger to the health or safety of any person, the Chief Medical Officer, or his/her authorized representative in his/her absence, may temporarily suspend all or any portion of the clinical privileges of any person for a period not to exceed three (3) working days (excluding weekends and holidays) pending investigation and action by the Director.

### Section 2: Grant Privileges

Notwithstanding any other provision of these bylaws, the Director, acting on behalf of the Governing Body in his/her sole discretion, after considering the recommendations, if any, of the Executive Committee (except that the Director shall not consider the recommendations of the Executive Committee in instances where these bylaws authorize the Director to take action without such recommendations) and in the interest of patient care, shall have the authority to grant clinical privileges as well as modify, suspend or terminate the membership and/or all or any portion of the clinical privileges of any person in the attending staff.

### Section 3: Civil Service Requirements

Notwithstanding any other provision of these bylaws, the Director, after considering the recommendations, if any, of the Executive Committee, shall have the authority to take such action as he/she deems necessary and appropriate relative to all aspects of the membership and/or clinical privileges of any person in order to accommodate and carry out orders of the County Civil Service Commission or other Civil Service requirements.

## ARTICLE XIX: AMENDMENT OF BYLAWS

Except as otherwise provided in Section 1 of Article XI, these bylaws may be amended at any annual or special meeting of the Association, provided that notice of such business is sent to all members no later than ten (10) days before such meeting. The notice shall include the exact wording of the proposed amendment and the time and place of the meeting. To be adopted, an amendment shall require an affirmative two-thirds vote of those present and eligible to vote, provided that a quorum exists. Amendments shall be effective only if and when approved by the Governing Body, which approval shall not be withheld unreasonably. Neither the Association nor the Governing Body may unilaterally amend these bylaws.


## ARTICLE XX: CONFLICTS

In the event of any conflict between the provisions of these bylaws and of any County ordinance or State or Federal law or regulation, the provisions of the latter shall govern.



OLIVE VIEW-UCLA MEDICAL CENTER - PROFESSIONAL STAFF ASSOCIATION BYLAWS

APPROVED by the Professional Staff Association on January 18, 2008



\_\_\_\_\_  
Gregory Moran, M.D.  
President - Professional Staff Association  
of Olive View-UCLA Medical Center

/

APPROVED by the Chief Executive Officer on January 18, 2008

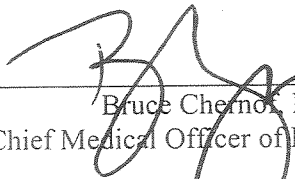


\_\_\_\_\_  
Gretchen McGinley  
Interim Chief Executive Officer - Los Angeles County  
Olive View-UCLA Medical Center

/

APPROVED by the Chief Medical Officer of Health Services

on \_\_\_\_\_

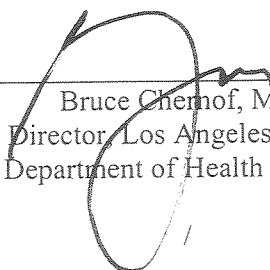


\_\_\_\_\_  
Bruce Chernof, M.D.  
Chief Medical Officer of Health Services

Los Angeles County  
Department of Health Services

/

APPROVED by the Director of Health Services on \_\_\_\_\_



\_\_\_\_\_  
Bruce Chernof, M.D.  
Director, Los Angeles County  
Department of Health Services

APPROVED AS TO FORM:  
Raymond G. Fortner, Jr., County Counsel



by  
Anita Lee  
Principal Deputy County Counsel

/

APPROVED by the Governing Body on \_\_\_\_\_

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Yvonne Burke  
Chair of the Board of Supervisors  
of Los Angeles County

OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

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# OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

## TABLE OF CONTENTS

Preamble	1
Definitions	2
ARTICLE I: NAME	4
ARTICLE II: MEMBERSHIP	
Section 1: Nature of Membership	4
Section 2: Qualifications for Membership	5
Section 3: Conditions and Duration of Appointment	6
Section 4: Basic Responsibilities of Association Membership	6
ARTICLE III: CATEGORIES OF ASSOCIATION MEMBERSHIP	
Section 1: Provisional Staff	8
Section 2: Active Staff	9
Section 3: Consulting Staff	9
ARTICLE IV: PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT	
Section 1: Application for Appointment	9
Section 2: Appointment Process	11
Section 3: Reappointment Process	13
Section 4: Change in Membership Category or Clinical Privileges	15
ARTICLE V: CLINICAL PRIVILEGES	
Section 1: Delineation of Clinical Privileges	15
Section 2: Temporary Privileges	17
Section 3: Emergency Privileges	18
Section 4: Telemedicine	19
ARTICLE VI: CORRECTIVE ACTION	
Section 1: Routine Corrective Action	19
Section 2: Summary Suspension	21
Section 3: Automatic Suspension	22
Section 4: Exhaustion of Remedies	24
ARTICLE VII: HEARING AND APPELLATE REVIEW PROCEDURE	
Section 1: Definitions	25
Section 2: Request for Hearing	25
Section 3: Hearing Procedure	27
Section 4: Appeal to Director	29
Section 5: Exhaustion of Remedies	31
ARTICLE VIII: MEETINGS	
Section 1: Annual Association Meetings	31
Section 2: Special Association Meetings	31
Section 3: Committee and Department Meetings	32
Section 4: Notice of Meetings	32
Section 5: Quorum	32

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

105			
106		6: Conduct of Meetings	33
107		7: Manner of Action	33
108		8: Minutes	33
109		9: Attendance Requirements	33
110		10: Confidentiality	34
111			
112	ARTICLE IX:	OFFICERS	
113		Section 1: Officers of the Association	34
114		2: Qualifications	34
115		3: Election of Officers and Association Members At Large	35
116		4: Term	35
117		5: Vacancies	35
118		6: Removal of Elected and Ex-officio Officers and Association	36
119		Members At Large	
120		7: Duties of Officers	36
121			
122	ARTICLE X:	COMMITTEES	
123		Section 1: General Provisions	37
124		2: Executive Committee	38
125		3: Credentials Committee	40
126		4: Healthcare Quality Board Committee	41
127		5: Infection Control Committee	42
128		6: Pharmacy and Therapeutics Committee	43
129		7: Blood Utilization Committee	44
130		8: Medical Records Committee	44
131		9: Utilization Review Committee	45
132		10: Research Committee	46
133		11: Continuing Medical Education Committee	47
134		12: Bioethics Committee	48
135		13: Medical Staff Aid Committee	49
136		14: Operative Services Committee	49
137		15: Interdisciplinary Practice Committee	50
138		16: Risk Management Committee	51
139		17: Bylaws Committee	52
140		18: Graduate Medical Education Committee	53
141		19: Invasive Procedure Committee	53
142		20: Patient Safety Committee	54
143		21: Other Committees	54
144			
145	ARTICLE XI:	ORGANIZATION	
146		Section 1: Organization of the Association	55
147		2: Assignment to Departments	55
148		3: Functions of Departments	55
149		4: Appointment, Reappointment and Removal of	56
150		Department Chairs	
151		5: Responsibilities and Review of Department Chairs	56
152			
153	ARTICLE XII:	CONFIDENTIALITY, IMMUNITY AND RELEASES	
154		Section 1: Special Definitions	58
155		2: Authorizations and Conditions	58
156		ii.	

# OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

	3: Confidentiality of Information	59
	<u>4. Practitioner Access and Correction of Confidential Information</u>	
	<del>4</del> 5: Immunity From Liability	59
	<del>5</del> 6: Activities and Information Covered	60
	<del>6</del> 7: Releases	60
ARTICLE XIII:	RULES AND REGULATIONS	
Section	1: Association Rules and Regulations	60
	2: Departmental Rules and Regulations	61
ARTICLE XIV:	FEES AND PROFITS	
Section	1: General Rules	61
	2: Division of Fees	61
	3; Research	61
ARTICLE XV:	INDEMNIFICATION AND INSURANCE	
Section	1: Indemnification	61
	2: General Insurance Requirements	62
	3. Insurance Coverage Requirements	63
ARTICLE XVI:	GENERAL PROVISIONS	
Section	1: Construction of Terms and Headings	63
	2: Executive Committee Action	64
	3: Authority to Act	64
	4: Acceptance of Principles	64
	5: Dues	64
	<u>6: Representation of Legal Counsel</u>	
ARTICLE XVII:	CONFLICT OF INTERESTS	65
ARTICLE XVIII:	AUTHORITY OF DIRECTOR OF HEALTH SERVICES	
Section	1: Approval	65
	2: Grant Privileges	66
	3: Civil Service Requirements	66
ARTICLE XIX:	AMENDMENT OF BYLAWS	66
ARTICLE XX:	CONFLICTS	66
SIGNATURE PAGE		

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

### PREAMBLE

The purposes of the Los Angeles County Olive View-UCLA Medical Center Professional Staff Association shall be to maintain, subject to the ultimate authority and responsibility of the Los Angeles County Board of Supervisors, professional standards for health services rendered to patients in the Los Angeles County Olive View-UCLA Medical Center; to function as the single organized professional staff that has overall responsibility, subject to the ultimate authority and responsibility of the Los Angeles County Board of Supervisors, for the quality of the professional services provided by persons with clinical privileges as well as the responsibility of accounting therefore to the Los Angeles County Board of Supervisors; to ensure that all patients receive high quality care; to offer a means of prompt and efficient cooperation with the Administration of the Medical Center, the Chief Medical Officer of Health Services, the Director of the Department of Health Services, the Los Angeles County Board of Supervisors, and Los Angeles County professional associations and schools; and to stimulate professional and scientific contributions by members of the Professional Staff Association to increase the value of the Medical Center as a training institution for members of the Professional Staff Association, residents, interns, medical students, technicians and nurses, as well as members of medical, dental, and ancillary professions at large. In establishing these bylaws, the Professional Staff Association, as well as the Los Angeles County Board of Supervisors acknowledge that the provision of quality medical care in the Hospital depends on the mutual accountability, interdependence and responsibility of the medical staff, hospital administration and the governing body for the proper performance of their respective obligations.

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

### DEFINITIONS

1. HOSPITAL or MEDICAL CENTER means the Los Angeles County Olive View-UCLA Medical Center and associated health centers.
2. GOVERNING BODY means the Board of Supervisors of Los Angeles County.
3. DIRECTOR means the Director of the County Department of Health Services to whom delegated by the Governing Body delegated the authority to act on its behalf in the overall management of Department of Health Services' hospitals and clinics, one of which is the Olive View-UCLA Medical Center.
4. CHIEF MEDICAL OFFICER OF HEALTH SERVICES means the ~~administrator~~ person, whose title is Chief Medical Officer of Health Services, appointed by the Director of Health Services to act on behalf of the Director in the overall management of specific Department of Health Services' hospitals and clinics.
5. CHIEF EXECUTIVE OFFICER or ADMINISTRATOR means the person, whose title is Chief Executive Officer, appointed by the Director to act on behalf of the Director in the overall management of the Medical Center.
6. CHIEF MEDICAL OFFICER means the physician, whose title is Chief Medical Officer, appointed by the Director to act on behalf of the Chief Executive Officer in the management and attending staff coordination of the medical and professional affairs of the Medical Center.
7. ASSOCIATE MEDICAL DIRECTOR means a physician appointed by the Chief Medical Officer to serve in his/her absence.
8. SENIOR MANAGEMENT means those physicians, whose titles are Chief Medical Officer, Associate Medical Director, Assistant Medical Director and Department Chair.
- ~~7~~9. PHYSICIAN means an individual who is a graduate of an approved school of medicine or osteopathy and licensed or Section 2113 certified to practice medicine in the State of California.
- ~~8~~10. DENTIST means an individual who is a graduate of an approved school of dentistry and is licensed to practice dentistry and or perform oral surgery in the State of California.
- ~~9~~11. PODIATRIST means an individual who holds a D.P.M. degree conferred by an approved school and who is licensed to practice podiatry in the State of California.
- ~~10~~12. CLINICAL PSYCHOLOGIST means an individual who holds an appropriate doctorate degree conferred by an approved school and who is licensed to practice clinical psychology in the State of California.
- ~~11~~13. ATTENDING STAFF means all physicians, podiatrists, dentists, and clinical psychologists, who attend or consult regarding patients at the Medical Center, regardless of whether such persons are County Civil Service classified or unclassified employees, Association members, or holders of temporary or emergency privileges.
- ~~12~~14. DEPARTMENT means an organizational unit of the Association established by the Director to aid in carrying out the medical affairs of the Medical Center.



## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

~~13~~15. DEPARTMENT CHAIR means a practitioner whose title is department chair appointed by the Director to manage and coordinate the medical affairs of his/her department.

~~14~~16. ALLIED HEALTH PROFESSIONAL means an individual other than a physician, podiatrist, dentist, or clinical psychologist, who exercises independent judgment within the areas of his/her professional competence and the limits established by the Department, Association, and applicable law, ~~and~~ who is qualified to render direct or indirect patient care under the supervision of an Association member who is licensed, and who has been accorded privileges, to provide such care in the Medical Center.

17. LICENSED INDEPENDENT PRACTITIONER means any individual permitted by law and by the organization to provide care, treatment, and services without direction or supervision.

~~15~~18. ASSOCIATION means the formal organization of licensed or Section 2113 certified physicians, dentists, podiatrists, and clinical psychologists at the Medical Center which is formally known as the Professional Staff Association of the Los Angeles County Olive View-UCLA Medical Center.

~~16~~19. EXECUTIVE COMMITTEE means the Executive Committee of the Association.

~~17~~20. PRACTITIONER means, unless otherwise expressly limited, any physician, dentist, podiatrist, or clinical psychologist who is applying for or exercising clinical privileges in the Medical Center and if appropriate in context, any allied health professional.

~~18~~21. CLINICAL PRIVILEGES or PRIVILEGES means the permission granted to a practitioner to render specific diagnostic, therapeutic, medical, dental, podiatric, clinical psychological, or surgical services at the Medical Center.

~~19~~22. ASSOCIATION YEAR means the period from the first day of July to the 30th day of June, inclusive.

~~20~~23. PRESIDENT means the President of the Association.

~~21~~24. PROFESSIONAL SCHOOL(S) means the Schools of Medicine, Dentistry, and/or Public Health of the University of California at Los Angeles (UCLA).

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

### ARTICLE I: NAME

The name of this organization shall be the Professional Staff Association of the Los Angeles County Olive View-UCLA Medical Center.

### ARTICLE II: MEMBERSHIP

#### Section 1: Nature of Membership

- A. Membership in the Association is a privilege which shall be extended only to professionally competent and licensed or Section 2113 certified physicians, podiatrists, dentists, and clinical psychologists who continuously meet the qualifications, standards and requirements set forth in these bylaws.
- B. Physicians, dentists, podiatrists, and clinical psychologists employed by the Medical Center in a purely administrative capacity with no clinical duties are subject to the regular personnel policies of the Medical Center and need not become members of the Association. Persons in medico-administrative positions who desire Association membership and/or privileges are subject to the same requirements as all other applicants for Association membership or privileges.
- C. Physicians, dentists, podiatrists, and clinical psychologists whose duties include clinical responsibilities or functions involving their professional capabilities, are eligible to apply for membership in the Association. Persons in medico-administrative positions who desire Association membership and/or privileges are subject to the same requirements as all other applicants for Association membership or privileges.
- D. Interns, unlicensed residents, allied health professionals, and students shall not be eligible for membership in the Association.

A resident, licensed to practice medicine by the State of California, may apply for and may become eligible for Association membership, provided that: (1) by applying for Association membership, the resident thereby signifies and agrees and shall assure that all health services which he/she provides at the Medical Center shall be under the supervision of members of the Active Staff or Consulting Staff who are not residents and who have been granted clinical privileges to provide such health services at the Medical Center and (2) the Association membership and clinical privileges of the resident shall automatically terminate on the date of termination of his/her residency training program, and the resident shall not be entitled to a hearing and appellate review under Article VII.
- E. Membership in the Association is separate and distinct from any individually granted clinical privileges. Association membership shall not automatically confer any clinical privileges, and appointment to Association membership shall confer only those clinical privileges which have been granted in accordance with these bylaws.
- F. No practitioner who is not a County Civil Service classified employee shall admit or provide any health services to any patient in the Medical Center unless and until the practitioner becomes a member of the Association or has been granted temporary privileges in accordance with these bylaws.

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

- 395 G. Notwithstanding any other provision of these bylaws, the Association membership and  
396 clinical privileges of any practitioner, who has any contract with the County to provide  
397 health services at the Medical Center, or who provides health services at the Medical  
398 Center under the contract of a non-County entity, shall automatically terminate on the  
399 date of expiration or termination of such contract, and the practitioner shall not be  
400 entitled to a hearing and appellate review under Article VII, provided that the  
401 practitioner shall retain his/her Association membership and clinical privileges to the  
402 extent necessary for any employment at the Medical Center as a County Civil Service  
403 classified employee.
- 404
- 405 H. Notwithstanding any other provision of these bylaws, if a practitioner, who provides  
406 health services at the Medical Center under the contract of a non-County entity, has  
407 his/her authority to provide such health services limited or restricted by such non-  
408 County entity, then those clinical privileges which he/she has been granted that are  
409 within the scope of such limitation or restriction, as determined by the Executive  
410 Committee, shall be immediately and automatically terminated on the date, if any, that  
411 the Executive Committee, in its sole discretion, approves in writing such termination,  
412 and the practitioner shall not be entitled to a hearing and appellate review under  
413 Article VII, provided that the practitioner shall retain his/her clinical privileges to the  
414 extent necessary for any employment at the Medical Center as a County Civil Service  
415 classified employee.
- 416
- 417 I. Notwithstanding any other provision of these bylaws, the Association membership and  
418 clinical privileges of any practitioner who is a County Civil Service employee,  
419 whether classified or unclassified, shall automatically terminate on the date of  
420 termination of County employment or on the date that the practitioner transfers or is  
421 assigned to another County facility, with the exception that membership may continue  
422 if requested in writing by the Chair of the Department and with concurrence of the  
423 practitioner before the practitioner separates from county employment, or if unless  
424 prior to such applicable date, the Executive Committee, after receiving a written  
425 request from the practitioner, in its sole discretion, does not approve in writing such  
426 termination; ~~and The the~~ practitioner shall not be entitled to a hearing and appellate  
427 review under Article VII of such decision.
- 428

### 429 Section 2: Qualifications for Membership

430

- 431 A. Only physicians, podiatrists, dentists and clinical psychologists licensed to practice in  
432 the State of California or certified under Business and Professions Code Section 2113  
433 who can document their background, current California licensure, experience, training  
434 and demonstrated competence, their adherence to the ethics of their profession, their  
435 good reputation, their current physical and mental health status, and their ability to  
436 work with others, with sufficient adequacy to demonstrate to and assure the  
437 Association and the Director that they are professionally and ethically competent and  
438 qualified and that any patient treated by them in the Medical Center will be given a  
439 high quality of care, shall be qualified for membership in the Association. Each  
440 department will determine if board certification in a specialty or sub specialty is  
441 required for granting clinical privileges. No physician, podiatrist, dentist, or clinical  
442 psychologist shall be entitled to membership in the Association or to the exercise of  
443 any clinical privileges in the Medical Center merely by virtue of the fact that he/she is  
444 duly licensed to practice medicine, podiatry, dentistry, or clinical psychology in this or  
445 any other state, or that he/she is a member of any professional organization, or that  
446 he/she had in the past, or presently has, such privileges at another hospital.

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

- B. No applicant shall be denied Association membership or clinical privileges on the basis of gender, race, age, creed, color, national origin, or any other criterion not based upon professional justification.

### Section 3: Conditions and Duration of Appointment

- A. Initial appointments and reappointments to the Association shall be made by the Director. The Director shall act on appointments, reappointments, or suspension or revocation of appointments, only after there has been a recommendation from the Executive Committee as provided in these bylaws, provided that in the event of unwarranted delay on the part of the Executive Committee, the Director may act without such recommendation on the basis of documented evidence of the applicant's or Association member's professional and ethical qualifications obtained from reliable sources other than the Executive Committee.
- B. Except as otherwise provided in Section I of Article III, initial appointments shall be provisional for a period of six (6) months. Prior to the conclusion of the provisional period, the appropriate department chair shall recommend to the Credentials Committee, which shall recommend to the Director through the Executive Committee, the removal of provisional status and appointment to the Active Staff or Consulting Staff, as appropriate, or the termination of the appointment. Initial appointments and any reappointments shall each be for a period of not more than twenty-four (24) months.
- C. Appointment to the Association shall confer on the appointee only those clinical privileges as have been granted by the Director in accordance with these bylaws.
- D. Every application for membership shall be signed by the applicant and shall contain the applicant's specific acknowledgment of every member's obligation to abide by the Association bylaws, rules and regulations, and applicable Governing Body policies; to accept committee assignments, to accept consultation assignments, and where applicable by reason of medical, surgical, podiatric, dental, or clinical psychological privileges being sought, to provide proper care and supervision of his/her patients; to participate in staffing the teaching service areas and other special care units; to participate in the performance improvement and peer review activities of the departments; and to acknowledge that all patients hospitalized at the Medical Center should be a part of the established educational program.

### Section 4: Basic Responsibilities of Association Membership

The ongoing responsibilities of each member of the Association shall include, but are not limited to:

1. Providing patients with continuing care and quality of care meeting the professional standards of the attending staff of the Medical Center;
2. Abiding by the Association bylaws and rules and regulations and departmental rules and regulations;
3. Discharging in a responsible and cooperative manner such reasonable responsibilities and assignments imposed upon the member by virtue of

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

- Association membership, including, but not limited to, committee assignments, performance improvement and risk management activity;
4. Preparing and completing in a timely fashion medical records for all the patients to whom the member provides care in the Medical Center;
  5. Abiding by the lawful ethical principles of the California Medical Association and/or the member's professional association;
  6. Participating in any Association approved educational programs for medical students, interns, resident physicians, resident dentists, staff physicians and dentists, nurses, pharmacists and other personnel, and actively supervising (including, without limitation, providing direct supervision) resident physicians or dentists in the course of his/her responsibilities and assignments as a member of the Association to ensure that the health services provided by residents are safe, effective, compassionate, and within the scope of the knowledge and documented competence of residents as required by Department of Health Services and Medical Center policies;
  7. Working cooperatively with members, nurses, Medical Center Administration, and others to ensure proper patient care;
  8. Making appropriate arrangements for coverage of the member's patients as determined by the Association;
  9. Refusing to engage in improper inducements for patient referral and adhering to County policy regarding "running and capping";
  10. Participating in continuing education programs as determined by the Association;
  11. Participating in such emergency service coverage or consultation panels as may be determined by the Association;
  12. Assuring the completion of a physical examination and medical history of all patients by a physician, or other qualified individual no more than ~~seven (7)~~ thirty (30) days before or forty-eight (48) twenty-four (24) hours after admission and documentation of such history and physical examination is in the patients medical record within twenty-four (24) hours of admission;
  13. When the patient's medical history and physical examination are completed before admission, it must be reviewed and updated within twenty-four (24) hours after admission.
  - ~~13~~ 14. Providing information to and/or testifying on behalf of the Association, the County or any practitioner under review, regarding any matter under review pursuant to Articles VI or VII;
  - ~~14~~ 15. Notifying, in writing, the Chief Medical Officer immediately after, but in no event later than ten (10) days after, the occurrence of any of the following: (1) the practitioner is notified in writing by the Medical Board of California or other appropriate State licensing agency that an investigation regarding the

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

practitioner is being conducted, (2) the practitioner is served with an accusation by the Medical Board of California or other appropriate State licensing agency, (3) the practitioner is served with a statement of issues by the Medical Board of California or other appropriate State licensing agency, (4) the practitioner has been convicted of a misdemeanor or felony that relates to the qualifications, functions or duties of the practitioner, or which would lead to exclusion from a federal health care program, (5) exclusion from a federal or state healthcare program, ~~(4)~~ (6) the practitioner's membership and/or clinical privileges are voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished at any hospital or health care facility, ~~(5)~~ (7) the practitioner's membership in any local, state, or national medical societies, his/her Drug Enforcement Administration certificate, or his/her license to practice any profession in any jurisdiction, are voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished, and/or ~~(6)~~ (8) any professional liability litigation involving the practitioner proceeds to final judgment, is settled, or is in progress;

~~15~~ 16. Abiding by all Association and Department of Health Services policies and procedures, including, without limitation, those related to the Health Insurance Portability and Accountability Act (HIPAA);

~~16~~ 17. Promptly paying annual dues to the Association, if any dues are approved pursuant to these bylaws;

~~17~~ 18. Providing insurance coverage as indicated in Article XV, if applicable; and

~~18~~ 19. Discharging such other attending staff obligations as may be lawfully established from time to time by the Association.

### ARTICLE III: CATEGORIES OF ASSOCIATION MEMBERSHIP

#### Section 1: Provisional Staff

The Provisional Staff shall consist of physicians, podiatrists, dentists, and clinical psychologists who meet the general qualifications for membership described in Article II, Section 2, and who immediately prior to their application were not members of the Association. They shall be entitled to exercise such clinical privileges as are granted pursuant to these bylaws and to attend Association, department, and committee meetings, but shall not be eligible to hold office in the Association or to vote in Association, department, and committee meetings, unless that right is specified at the time of appointment.

Provisional Staff members shall undergo a period of proctoring and observation by designated Association members to evaluate the Provisional Staff member's proficiency in the exercise of clinical privileges initially granted and overall eligibility for continued Association membership and advancement within Association membership categories. Proctoring and observation of Provisional Staff members shall follow whatever frequency and format each department deems appropriate in order to adequately evaluate the Provisional Staff member, including, but not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation. At least five (5) cases which are representative of and appropriate for the requested privileges should be monitored and evaluated. Appropriate records shall be maintained by the department. The results of the

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

proctoring and observation shall be communicated by the department chair to the Credentials Committee. A Provisional Staff member shall remain in the Provisional Staff membership category for a period of six (6) months, unless the Director, upon recommendation of the Executive Committee, based on a report from the Credentials Committee, determines to extend such status for an additional period of up to six (6) months upon a finding of good cause, which determination shall not be subject to a hearing and appellate review pursuant to Article VII.

If the Provisional Staff member has satisfactorily demonstrated his/her ability to exercise the clinical privileges initially granted and otherwise appears qualified for continued Association membership, the Provisional Staff member shall be eligible for appointment by the Director as an Active Staff member or Consulting Staff member, as appropriate, upon recommendation of the Executive Committee. In all other cases, the appropriate department chair shall advise the Credentials Committee, which shall make its report to the Executive Committee, which, in turn, shall make its recommendation to the Director for a determination regarding any modification or termination of clinical privileges, and Association membership.

### Section 2: Active Staff

The Active Staff shall consist of physicians, podiatrists, dentists, and clinical psychologists who ~~regularly~~ admit or attend patients at least twenty (20) patients each year in the Medical Center, who have completed the required period as provisional staff as set forth in Article III, Section 1, and who assume all the functions and responsibilities of membership in the Association, including, where appropriate, teaching and consultation assignments. These requirements may be waived for persons holding the positions of Senior Management. Members of the Active Staff shall be appointed to a specific department, shall be eligible to vote, to hold office, and to serve on Association committees, and shall be required to attend department and committee meetings.

### Section 3: Consulting Staff

The Consulting Staff shall consist of physicians, podiatrists, dentists, and clinical psychologists qualified for Active Staff membership but who only occasionally admit or attend patients at the Medical Center, who act only as consultants, or who are associated with the Medical Center in connection with a specific project. Consulting Staff members shall be appointed to a specific department and shall be eligible to serve on Association committees and to vote on matters before such committees. They shall not be eligible to vote at Association or department meetings or to hold office, nor are they required to attend department meetings, although they are encouraged to do so.

## ARTICLE IV: PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

### Section 1: Application for Appointment

- A. All applications for appointment to the Association shall be in writing, shall be signed by the applicant, and shall be submitted to the Director only after review by the Chief Medical Officer, the Credentials Committee and the Executive Committee. The application form shall be approved by the Executive Committee and shall require detailed information concerning the applicant's current California licensure or Section 2113 Certification, Drug Enforcement Administration certification, and status as non excluded as a provider of services to Medicare, Medicaid and other federal programs,

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

experience, verification of identity, privileges requested, and, if applicable, current insurance coverage as indicated in Article XV, and other qualifications and shall include the names of at least three (3) persons who have had extensive experience in observing and working with the applicant and who can provide adequate references pertaining to the applicant's current professional competence, ethical character, and physical and mental health status. In addition, the application shall include, but not be limited to, all information as to: (1) whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished at any hospital or health facility; (2) whether the applicant's membership in any local, state, or national medical societies or his/her Drug Enforcement Administration certificate or his/her license to practice any profession in any jurisdiction has ever been voluntarily or involuntarily revoked, suspended, not renewed, reduced, or relinquished; and (3) whether any professional liability litigation involving the applicant has been to final judgment, has been settled, or is in progress.

B. In connection with all applications for appointment, the applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, ethical character, physical and mental health status, current California licensure or Section 2113 Certification, Drug Enforcement Administration certification, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, experience, verification of identity, and other qualifications for the membership category and clinical privileges requested, and, if applicable, current insurance coverage as indicated in Article XV, for resolving any doubts about these matters, and for satisfying all requests for information. The applicant's failure to fulfill this requirement, the applicant's withholding of any relevant information, or the applicant's submission of any inaccurate information, shall be grounds for denial of the application. In addition, the applicant may be required to submit to a medical or psychological examination, at the applicant's expense, if deemed appropriate by the Executive Committee, which may select the examining physician. The Chief Medical Officer shall promptly notify the applicant of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the applicant.

C. By applying for appointment to the Association, each applicant thereby signifies his/her willingness to appear for interviews in regard to his/her application and authorizes the representatives of the County of Los Angeles, the Association, and/or the Professional Schools, to consult with members of medical staffs of other hospitals or health facilities with which the applicant has been associated and with others who may have information bearing on his/her competence, ethical character, physical and mental health status, ethics, current California licensure, or Section 2113 Certification experience, and other qualifications and, if applicable, current insurance coverage as indicated in Article XV, and to an inspection by the above of all records and documents that may be material to an evaluation of his/her professional qualifications and competence to carry out the clinical privileges he requests, as well as his/her moral and ethical qualifications for membership. In addition, the applicant by applying for appointment releases from any liability the County of Los Angeles, the Association, the Professional Schools, and their respective officers, employees, or agents, for any of their acts performed in good faith and without malice in connection with evaluating the applicant and his/her qualifications and credentials, and also releases from any liability all individuals and organizations that provide information to the above in good faith and without malice concerning the applicant's competence, ethical character,



## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

physical and mental health status, current California licensure, Drug Enforcement Administration certification, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, experience, and other qualifications, and, if applicable, current insurance coverage as indicated in Article XV, for Association membership and clinical privileges, including otherwise privileged or confidential information.

- D. In evaluating an applicant's eligibility for Association membership, consideration shall be given to other factors, including, but not limited to: (1) the Medical Center's ability to provide adequate facilities and supportive services for the applicant and his/her patients; (2) patient care requirements for additional attending staff members with the applicant's skill and training; (3) the Medical Center/community needs for the applicant's services; and (4) the geographic location of the applicant.
- E. The application form shall include a statement that the applicant has received and read the bylaws of the Association and any rules and regulations applicable thereto, and that he/she agrees to be bound by the terms thereof, as they may be amended from time to time, without regard to whether or not he/she is granted membership and/or clinical privileges in all matters relating to consideration of his/her application.
- F. Acceptance of membership in the Association shall constitute the member's agreement that he/she will strictly abide by the Guiding Principles For Physician-Hospital Relationships of the California Medical Association as well as the Code of Medical Ethics of the American Medical Association, the Principles of Ethics and Code of Professional Conduct of the American Dental Association, the Code of Ethics of the American Osteopathic Association, the Code of Ethics of the American Podiatric Medical Association, or the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association, whichever is applicable.

### Section 2: Appointment Process

- A. The applicant shall submit a completed application, including desired membership category and a specific list of desired clinical privileges, to the Chief Medical Officer, who shall verify the references, education, training, current California licensure or Section 2113 Certification, Drug Enforcement Administration certification, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs by checking the OIG's List of Excluded Individual Entities, experience, verification of identity and other qualifying information submitted by primary sources, whenever possible. The Chief Medical Officer shall also see that the National Practitioner Data Bank is queried and the results considered during the appointment process. The Chief Medical Officer shall promptly notify the applicant of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the applicant. It shall be the applicant's responsibility to obtain all required information. When collection and verification is accomplished, the Chief Medical Officer shall transmit the application and all supporting materials with a request for a recommendation to the appropriate department chair who may consult with the appropriate Dean of the Professional Schools. The written recommendation of the department chair shall be transmitted with the application to the Chief Medical Officer for use in all further proceedings. If the recommendation is adverse to the applicant, the recommendation shall state the reason for such. When collection and verification is accomplished, the Chief Medical Officer shall transmit the application and all supporting materials to the Credentials

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

Committee for evaluation.

- B. Within ninety (90) days after receipt of the completed application for membership, the Credentials Committee shall review the application and other information submitted to the Chief Medical Officer and make a written report of its investigation to the Executive Committee. Prior to making this report, the Credentials Committee shall examine the evidence of the ethical character, professional competence, physical and mental health status, current California licensure or Section 2113 Certification, Drug Enforcement Administration certification, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, National Practitioner Data Bank response, experience and other qualifications of the applicant and, if applicable, current insurance coverage of the applicant as indicated in Article XV, and shall determine through information contained in references given by the applicant and from other sources available to the Committee, including, but not limited to, the recommendations from the department in which privileges are sought as submitted to the Chief Medical Officer, whether the applicant has established and meets all of the necessary qualifications for the category of Association membership and the clinical privileges requested by him/her. Every department in which the applicant seeks clinical privileges shall provide the Credentials Committee with specific, written recommendations for delineating the applicant's clinical privileges, and these recommendations shall be made a part of the Committee's report. Together with its report, the Credentials Committee shall transmit to the Executive Committee the completed application and a recommendation that the applicant be either appointed to the Association or rejected for Association membership, or that the application be deferred for further consideration. Where rejection or deferment is recommended, the reasons for such recommendation shall be stated along with the recommendation.
- C. At its next regular meeting following receipt of the application and the report and recommendation of the Credentials Committee, the Executive Committee shall determine whether to recommend to the Director, through the Chief Medical Officer, that the applicant be provisionally appointed to the Association, be rejected for Association membership, or that his/her application be deferred for further consideration.
- D. When the recommendation of the Executive Committee is to defer the application for further consideration, the reasons for deferment should be stated, and the recommendation must be followed up within sixty (60) days with a subsequent recommendation for provisional appointment with specified clinical privileges or for rejection for Association membership.
- E. When the recommendation of the Executive Committee is favorable to the applicant, the recommendation shall promptly be forwarded, together with all the appropriate supporting documentation, to the Director, through the Chief Medical Officer.
- F. When the recommendation of the Executive Committee is adverse to the applicant either in respect to appointment or clinical privileges, the President shall promptly so notify the applicant by certified or registered mail, return receipt requested. No such adverse recommendation shall be forwarded to the Director until after the applicant has exercised or has been deemed to waive his/her right to a hearing as provided in Article VII.
- G. If the aggrieved applicant has requested a hearing as provided in Article VII, and if the

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

hearing has resulted in a decision either at the hearing or appellate level which is favorable to the applicant, the applicant's application shall thereafter be processed in accordance with Subsection E of this Section 2.

- H. Within fifteen (15) days after the receipt of a favorable recommendation by the Executive Committee, the Director shall act in the matter. If the Director's decision is adverse to the applicant in respect to either appointment or clinical privileges, the Director shall promptly notify him/her of such adverse decision by certified or registered mail, return receipt requested, and such adverse decision shall be held in abeyance until the applicant has exercised or has been deemed to have waived his/her rights under Article VII and until there has been compliance with Subsection J of this Section 2. The fact that the adverse decision is held in abeyance shall not be deemed to confer membership or privileges where none existed before.
- I. In the event the applicant waives or fails to exercise his/her rights under Article VII, the Director's decision shall be considered final, except that the Director may defer final determination by referring the matter to the Executive Committee for further reconsideration. Any such referral back shall state the reasons therefore and shall set a time limit not to exceed sixty (60) days within which a subsequent recommendation to the Director shall be made. After receipt of such subsequent recommendation and new evidence in the matter, if any, the Director shall make a decision either to appoint the applicant to Association membership or to reject him/her for membership. All decisions to appoint shall include a delineation of the clinical privileges, which the appointee may exercise.
- J. Whenever the Director's decision will be contrary to the recommendation of the Executive Committee, the Director shall submit the matter to a committee composed of the Chief Medical Officer, Chief Executive Officer, the President, and the department chair(s) involved for review and recommendation and shall consider such recommendation before making his/her decision final. Such committee shall report back to the Director within fifteen (15) days with its recommendation, and the Director shall render a decision within fifteen (15) days after his/her receipt of such recommendation.
- K. When the Director's decision is final, he/she shall send notice of such decision to the President of the Association, to the chairs of the departments concerned, and by certified or registered mail, return receipt requested, to the applicant.
- L. An applicant whose application was denied, or who withdrew his or her application following an adverse recommendation on it, or a member of the Association whose membership was terminated involuntarily, or who voluntarily relinquished his or her membership while an investigation or disciplinary action was pending, shall not be eligible to apply again for membership until a) the date that the reason for the denial, adverse recommendation, involuntary termination or investigation or disciplinary action is removed, or b) twenty-four (24) months, whichever is later. When such period of ineligibility has ended, the applicant or former member may apply using the procedures set forth in Sections 1 and 2 of this Article, and, in addition, must demonstrate that the basis for the adverse recommendation, involuntary termination or investigation or disciplinary action no longer exists and that any problems have been corrected.

### Section 3: Reappointment Process

- A. At least ninety (90) days prior to the expiration of a member's period of appointment, the member shall submit an application for reappointment to the Chief Medical Officer. Such application shall require information concerning changes in physical and mental health status and other qualifications of the member since the previous review of the member's qualifications, including, but not necessarily limited to, privileges requested, evidence for change of privileges, continuing education, present status of California licensure or Section 2113 Certification, Drug Enforcement Administration certification, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, experience, and, if applicable, current insurance coverage as indicated in Article XV. In addition, the application shall include, but not be limited to, information as to: (1) whether the member's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished at any hospital or health facility; (2) whether the member's membership in any local, state, or national medical societies or his/her Drug Enforcement Administration certificate or his/her license to practice any profession in any jurisdiction has ever been voluntarily or involuntarily revoked, suspended, not renewed, reduced, or relinquished; and (3) whether any professional liability litigation involving the member has been to final judgment, has been settled, or is in progress. The Chief Medical Officer shall verify the references, education, training, current licensure or Section 2113 Certification, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), status as non excluded as a provider of services to Medicare, Medicaid and other federal programs by checking the OIG's List of Excluded Individual Entities, experience, and other qualifying information submitted by primary sources, whenever possible. The Chief Medical Officer shall see that the National Practitioner Data Bank is queried and the response is considered during the reappointment process. The Chief Medical Officer shall promptly notify the member of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the member. It shall be the member's responsibility to obtain all required information. When collection and verification is accomplished, the Chief Medical Officer shall transmit the application and all supporting materials to the appropriate department chair. The department chair shall review all pertinent information available on each member of his/her department who applies for reappointment and who is scheduled for periodic appraisal. This review shall also include an assessment of information collected in the course of the Medical Center's Performance Improvement Program regarding the member's professional performance, as well as practitioner-specific information regarding professional performance. Each department shall develop and monitor the practitioner-specific information and compare this data to relevant benchmarks. The department chair shall, no later than thirty (30) days prior to the end of the member's period of appointment, forward this information to the Credentials Committee for the purpose of determining its recommendations for reappointment to the Association and for the granting of clinical privileges for the ensuing two-year period. The Credentials Committee shall transmit its recommendations in writing to the Executive Committee. Where nonreappointment or a change in clinical privileges is recommended, the reasons for such recommendations shall be stated and documented.
- B. In connection with all applications for reappointment, the member shall have the burden of producing adequate information for a proper evaluation of his/her competence, ethical character, physical and mental health status, current California licensure or Section 2113 Certification, Drug Enforcement Administration

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

certification, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, experience and other qualifications for the membership category and clinical privileges requested, and, if applicable, current insurance coverage as indicated in Article XV, for resolving any doubts about these matters, and for satisfying all requests for information. The member's failure to fulfill this requirement, the member's withholding of any relevant information, or the member's submission of any inaccurate information, shall be grounds for denial of the application. In addition, the member may be required to submit to a medical or psychological examination, at the member's expense, if deemed appropriate by the Executive Committee, which may select the examining physician. The Chief Medical Officer shall promptly notify the applicant of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the member.

C. Each recommendation concerning the reappointment of a member and the clinical privileges to be granted upon reappointment shall be based upon documentation, furnished by the department chairs and other information requested of such member or otherwise obtained by the Credentials Committee, of such member's professional performance, competence, clinical and/or technical skills, judgment in the treatment of patients as assessed in the Medical Center's performance improvement, risk management and safety activities, and other qualifications, including, but not limited to, his/her professional practice outside the Medical Center; present status of his/her California licensure or Section 2113 Certification; Drug Enforcement Administration certification, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, National Practitioner Data Bank response, evidence of his/her physical and mental health status; his/her ethics and conduct; his/her attendance at department meetings and participation in Association affairs; his/her compliance with the Association bylaws, rules and regulations; his/her current insurance coverage, if applicable, as indicated in Article XV; his/her cooperation with Medical Center personnel; his/her use of the Medical Center's facilities; his/her relations with other attending staff members; and his/her general attitude toward patients, the Medical Center, and the public.

D. At least thirty (30) days prior to the end of the member's period of appointment, the Executive Committee shall make written recommendations to the Director, through the Chief Medical Officer, concerning the reappointment, nonreappointment, and/or clinical privileges of each member then scheduled for periodic appraisal. Where nonreappointment or a change in clinical privileges is recommended, the reasons for such recommendations shall be stated and documented. Thereafter, the procedure provided in Subsections D through K of Section 2 of this Article IV relating to recommendations on applications for initial appointment shall be followed.

E. If a member fails to submit an application for reappointment, completed in accordance with this Section 3, at least thirty (30) days prior to the expiration of his/her period of appointment, then (1) the member shall be deemed to have voluntarily resigned his/her Association membership and clinical privileges upon such expiration date and (2) the member shall be required to submit an application for initial appointment in accordance with Sections 1 and 2 of this Article IV.

### Section 4: Change in Membership Category or Clinical Privileges

Any Association member who, prior to his/her application for reappointment, requests a

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

change in his/her membership category or clinical privileges shall submit an application in writing at any time on the prescribed form, except that no such application shall be submitted within twelve (12) months of the date a similar request was denied. Such applications shall be processed in the same manner as applications for initial appointment in accordance with Sections 1 and 2 of this Article IV.

### ARTICLE V: CLINICAL PRIVILEGES

#### Section 1: Delineation of Clinical Privileges

- A. Every practitioner who practices at the Medical Center by virtue of Association membership or otherwise shall be entitled to exercise only those clinical privileges specifically granted to him/her by the Director, except as provided in Sections 2 and 3 of this Article V. All such privileges shall apply only to the Medical Center.
- B. Every initial application for appointment and every application for reappointment to Association membership must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such requests shall be based upon documentation and verification of the applicant's current California licensure, education, training, experience, demonstrated current competence, references, an appraisal by the department in which requested privileges are sought, clinical performance at the Medical Center, the documented results of patient care and other quality review and monitoring which the Association deems appropriate, and other relevant information, including, but not limited to, pertinent information concerning clinical performance obtained from other hospitals and health care settings where the applicant exercises clinical privileges. In the event that the Director or the Governing Body authorizes the Medical Center to offer a service which would fall within the expertise of more than one department, the Executive Committee shall appoint an ad hoc committee to establish the requirements for receiving privileges to perform the service. It shall be the applicant's responsibility to obtain all required information. The applicant shall have the burden of establishing his/her qualifications and competency in the clinical privileges he/she requests. Each applicant granted clinical privileges shall pledge that he/she shall provide for the continuous care of his/her patients.
- C. Applications for additional clinical privileges shall be in writing on the prescribed form. Such applications shall be processed in the same manner as applications for initial appointment in accordance with Sections 1 and 2 of Article IV, and individuals shall be subject to the same requirements for proctoring as they would have been if such privileges had been requested at the time the initial application for privileges was made.
- D. Periodic redetermination of clinical privileges and the increase or curtailment of same shall be based upon the observation of care provided, review of the records of patients treated in this or other hospitals, and review of the records of the Association which document the evaluation of the member's participation in the delivery of health care.
- E. No specific privilege may be granted if the task, procedure or activity constituting the privilege is outside of the scope of services established by the Director and the Governing Body in their sole discretion or if the resources necessary to exercise the privilege have not been made available by the Director in his sole discretion.

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

E. Privileges granted to duly licensed dentists shall be based on their training, experience, and demonstrated current competence and judgment. The scope and extent of surgical procedures that each dentist may perform shall be specifically delineated and granted in the same manner as all surgical privileges, including, but not limited to, performance of admission history and physical examination if training is provided for this. Surgical procedures performed by dentists shall be under the overall supervision of the Chair of the Department of Surgery. All dental patients shall receive the same basic medical appraisals as patients admitted to other surgical services. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Medical Center.

F. Privileges granted to duly licensed podiatrists shall be based on their training, experience, and demonstrated current competence and judgment. In making their recommendation, the Executive Committee may consider the need for podiatry services, which either are not presently being provided by other members of the attending staff or may be provided in the Medical Center without disruption of existing services. The scope and extent of surgical procedures that each podiatrist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges. Surgical procedures performed by podiatrists shall be under the overall supervision of the Chair of the Department of Surgery. All podiatric patients shall receive the same basic medical appraisals as patients admitted to other surgical services. A physician member of the attending staff shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time in the Medical Center.

G. Privileges granted to duly licensed clinical psychologists shall be based on their training, experience, and demonstrated current competence and judgment and shall not include the prescribing of medications. In making its recommendation, the Executive Committee may consider the need for clinical psychological services which are either not presently being provided by other members of the attending staff or which may be provided in the Medical Center without disruption of existing services. Clinical psychological services provided by clinical psychologists shall be under the overall supervision of the Department of Psychiatry, and all clinical psychology patients shall receive the same basic medical appraisals as patients admitted to psychiatric services. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Medical Center.

### Section 2: Temporary Privileges

#### A. Pending Application for Association Membership:

Upon receipt of a completed application for Association membership, including, without limitation, desired membership category and a specific list of desired clinical privileges, and verification of his/her references, education, training, current California licensure or Section 2113 Certification, National Practitioner Data Bank report, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, experience, current competence and other qualifying information submitted by primary sources, whenever possible, and where the temporary clinical privileges will fulfill an important patient care, treatment, and service need or where the completed application raises no concerns and is awaiting review and approval of the



## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

Executive Committee and the Director, the Director may, with the written concurrence of the chair of the concerned department and the President, ~~or~~ Chief Medical Officer, or the Associate Medical Director grant temporary clinical privileges to the applicant, but in exercising such privileges, the applicant shall act under the supervision of the chair of the department to which he/she is assigned. Such temporary privileges should not exceed a period of ninety (90) days in duration, but in no event shall exceed one hundred and twenty (120) days in duration.

### B. Patient Care Need by Non-Applicant for Association Membership:

Upon receipt of a completed application for temporary clinical privileges, including, without limitation, a specific list of the desired clinical privileges, and verification of his/her references, education, training, current California licensure or Section 2113 Certification, National Practitioner Data Bank report, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, experience, current competence and other qualifying information submitted by primary sources, whenever possible, and where the temporary clinical privileges will fulfill an important patient care, treatment and service need, the Director may, with the written concurrence of the chair of the concerned department and the President, ~~or the Chief Medical Officer,~~ or the Associate Medical Director grant temporary clinical privileges for the care of a specific patient to a practitioner who is not an applicant for Association membership. Such temporary privileges should not exceed a period of ten (10) days in duration, but in no event shall exceed thirty (30) days in duration.

### C. Locum Tenens:

Upon receipt of a completed application for temporary clinical privileges, including, without limitation, a specific list of desired clinical privileges, and verification of his/her references, education, training, current California licensure or Section 2113 Certification, National Practitioner Data Bank report, status as non excluded as a provider of services to Medicare, Medicaid and other federal programs, experience, current competence and other qualifying information submitted by primary sources, whenever possible, and where the temporary clinical privileges will fulfill an important patient care, treatment and service need, the Director may, with the written concurrence of the chair of the concerned department and the President, ~~or the Chief Medical Officer,~~ or the Associate Medical Director grant temporary clinical privileges to the practitioner to serve as a locum tenens for a member of the Association. Such temporary privileges should not exceed a period of ninety (90) days in duration, but in no event shall exceed one hundred and twenty (120) days in duration.

### D. Special requirements of supervision and reporting may be imposed by the chair of the concerned department on any practitioner granted temporary privileges. Temporary privileges shall be immediately terminated by the Director upon notice of any failure by the practitioner to comply with any special requirements.

### E. The Director may at any time, upon the recommendation of the President ~~of the Association,~~ the Chief Medical Officer, the Associate Medical Director, or the chair of the concerned department, terminate a practitioner's temporary privileges effective as of the discharge from the Medical Center of the practitioner's patients then under his/her care in the Medical Center. However, where it is determined that the life or health of such patients would be endangered by continued treatment by the practitioner, the termination may be imposed by the Director immediately. The chair



of the appropriate department, or in his/her absence, the Director or the Chief Medical Officer, shall assign a member of the Association to assume responsibility for the care of such terminated practitioner's patients until they are discharged from the Medical Center. The wishes of the patients shall be considered where feasible in the selection of such substitute practitioner.

- F. Each practitioner applying for temporary clinical privileges must sign an acknowledgment of having received and read the Association's current bylaws, rules and regulations, and applicable policies and the practitioner's agreement to be bound by their terms.

### Section 3: Emergency Privileges

#### A. For a Specific Patient

In case of an emergency involving a specific patient, any physician, podiatrist, dentist, or clinical psychologist who is a member of the Association, or who holds a County Civil Service classified position, and to the degree permitted by his/her license and regardless of service or Association status or lack of same, shall be permitted and assisted to do everything possible to save the life of a patient or to save the patient from serious harm, using every facility of the Medical Center necessary, including, but not limited to, calling for any consultation necessary or desirable. When an emergency situation no longer exists, the practitioner's emergency privileges shall automatically terminate, and the practitioner must request the privileges necessary to continue to treat the patient and shall defer to the appropriate department chair with respect to further care of the patient. In the event such privileges are denied or he/she does not desire to request such privileges, the patient shall be assigned to an appropriate member of the Association. In addition, the Director, on his/her own initiative or upon the recommendation of the President of the Association, the Chief Medical Officer, the Associate Medical Director, or the chair of the concerned department, may terminate immediately a practitioner's emergency privileges for any reason or no reason at all, and the practitioner shall not be entitled to a hearing and appellate review under Article VII. For the purpose of this section, an "emergency" is defined as a condition in which a patient is in imminent danger of serious or permanent harm or death and any delay in administering treatment would add to that danger.

#### B. During a Disaster

In the case of a disaster where the Director, in consultation with the Chief Medical Officer or the Chief Executive Officer, has activated the Medical Center's Emergency Medical Plan, the Director, ~~or the Chief Medical Officer~~, or the Associate Medical Director may grant emergency clinical privileges to any licensed physician, podiatrist, clinical psychologist, or dentist, to the degree permitted by his/her license, who does not possess privileges at the Medical Center and who indicates a willingness to provide patient care at the Medical Center during the disaster. In order for a volunteer practitioner to be considered eligible to act as a licensed independent practitioner, the organization obtains for each volunteer practitioner at a minimum, a valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one (1) of the following: 1) A current picture ID card that clearly identified professional designation; 2) A current license to practice; 3) Primary source verification of the license; 4) Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), Medical Reserve Corps (MRC), or the Emergency System for Advance Registration of

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal organizations or groups; 5) Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity); and 6) Identification by current hospital or medical staff member(s) who possesses personal knowledge regarding volunteer's ability to act as a licensed independent practitioner during a disaster. Primary source verification of licensure begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization. The organization makes a decision (based on information obtained regarding the professional practice of the volunteer) within 72 hours related to the continuation of the disaster privileges initially granted. ~~A practitioner applying for emergency privileges shall provide to the Chief Medical Officer at least one (1) of the following: (1) a current picture hospital identification card, (2) a current license to practice and a valid picture identification issued by a state, federal or regulatory agency, (3) identification indicating that the presenting practitioner is a member of a Disaster Medical Assistance Team, (4) identification indicating that the presenting practitioner has been granted authority to render patient care in disaster circumstances, such authority having been granted by a federal, state, or municipal entity, or (5) presentation by current Association member(s) with personal knowledge regarding the presenting practitioner's identity.~~

Emergency privileges may be granted on a case-by-case basis following a review of the above documentation and other requested information, if any. In exercising emergency privileges, a practitioner shall act under the supervision of the chair of the department to which he/she is assigned and, if possible, shall be paired with an Association member who has a similar specialty. When the disaster no longer exists, as determined by the Director in consultation with the Chief Medical Officer, ~~or the Associate Medical Director~~, a practitioner's emergency privileges shall automatically terminate, and the practitioner must request the privileges necessary to continue to treat patients and shall defer to the appropriate department chair with respect to further care of patients. In addition, the Director, on his/her own initiative or upon the recommendation of the President ~~of the Association~~, the Chief Medical Officer, or the chair of the concerned department, may terminate immediately a practitioner's emergency privileges for any reason or no reason at all, and the practitioner shall not be entitled to a hearing and appellate review under Article VII.

### Section 4: Telemedicine

Any person who desires to diagnose or treat patients via telemedicine link (e.g., telephone, e-mail etc.) must apply for and be granted specific clinical privileges, which allow for exercise by telemedicine link in accordance with these bylaws. Each department shall determine which clinical privileges, if any, of the department may be performed via telemedicine link.

## ARTICLE VI: CORRECTIVE ACTION

### Section 1: Routine Corrective Action

- A. Whenever a practitioner with clinical privileges engages in any act, statement, demeanor, or professional conduct, either within or outside the Medical Center, which is or is reasonably likely to be (1) detrimental to patient safety or to the delivery of quality patient care, (2) disruptive or deleterious to the operations of the Medical Center or improper use of Medical Center resources, (3) below applicable professional

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

standards or (4) contrary to the Association's bylaws, rules or regulations, then corrective action against such practitioner may be requested by any officer of the Association, by the chair of any department, by the chair of any standing committee of the Association, by the Chief Medical Officer, by the Chief Executive Officer, by the Chief Medical Officer of Health Services, or by the Director, upon the complaint, request, or suggestion of any person. All requests for corrective action shall be in writing, shall be made to the Executive Committee, and shall be supported by reference to the specific activities or conduct, which constitute the grounds for the request.

- B. When corrective action is requested, the Executive Committee shall forward such request to the chair of the department wherein the practitioner has such privileges. Upon receipt of such request, the chair of the department shall immediately appoint an ad hoc committee to investigate the matter.
- C. Within thirty (30) days after the department's receipt of the request for corrective action, the department shall make a written report of its investigation to the Executive Committee. Prior to making such report, the practitioner against whom corrective action has been requested shall be offered an opportunity to appear for an interview at a reasonable time with the departmental ad hoc investigating committee. At such interview, the practitioner shall be informed of the general nature of the charges against him/her and shall be invited to discuss, explain, or refute them. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedures provided in these bylaws with respect to hearings shall apply thereto. A record of such interview shall be made by the department and included with its report to the Executive Committee.
- D. Whenever the request for corrective action is directed against the chair of a department, the Executive Committee shall appoint an ad hoc investigating committee which shall perform all the functions of the departmental ad hoc investigating committee as described in Subsections B and C above.
- E. Within sixty (60) days following the receipt of the departmental ad hoc investigating committee's report, the Executive Committee shall take action upon the request for corrective action. In all cases, the affected practitioner shall be permitted to make an appearance at a reasonable time before the Executive Committee prior to its taking action on such request. This appearance shall not constitute a hearing, shall be preliminary in nature, and none of the procedures provided in these bylaws with respect to hearings shall apply thereto. A record of such appearance shall be made by the Executive Committee and included in its recommendation to the Director.
- F. The action of the Executive Committee on a request for corrective action shall be to make a recommendation to the Director. Such recommendation shall include one or more of the following:
  - (1) Rejection of the request for corrective action;
  - (2) Issuance of a letter of admonition, censure, reprimand, or warning, although nothing herein shall preclude a department chair from issuing informal written or oral warnings outside the corrective action process;
  - (3) Imposition of terms of probation or special limitations on continued Association

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

membership or exercise of clinical privileges, including, but not limited to, a requirement for consultation or proctoring;

(4) Reduction or revocation of clinical privileges;

(5) Termination, modification, or ratification of an already imposed summary suspension of clinical privileges;

(6) Suspension of clinical privileges until satisfactory completion of specific conditions or requirements;

(7) Suspension of Association membership until satisfactory completion of specific conditions or requirements;

(8) Revocation of Association membership; ~~and~~

(9) Refer the member to the Medical Staff Aid Committee for evaluation and such further actions as are appropriate.

(10)~~(9)~~ Other actions appropriate to the facts, including, but not limited to, required reports to the Medical Board of California or other appropriate State licensing agency and/or to the National Practitioner Data Bank.

G. The President of the Association shall promptly notify the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director, in writing, of all requests for corrective action received by the Executive Committee and shall continue to keep the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director fully informed of all actions taken in connection therewith. After the Executive Committee has made its recommendations in the matter to the Director, the Director shall render a decision within thirty (30) days and shall notify the practitioner in person or by registered or certified mail, return receipt requested. Thereafter, the procedure to be followed shall be as provided in Article VII.

H. If the Governing Body determines that the Executive Committee has failed to initiate an investigation on a request for corrective action or to recommend disciplinary action, and that such failure is contrary to the weight of evidence, the Governing Body may direct the Executive Committee to initiate an investigation or recommend disciplinary action, but only after consultation with the Executive Committee and the Director. In the event the Executive Committee or the Director fail to take action in response to a direction from the Governing Body, the Governing Body, after notifying the Executive Committee and the Director in writing, shall have the authority to take action on its own initiative against the practitioner and assume all the rights and responsibilities of the Executive Committee and the Director as provided in this Article VI.

### Section 2: Summary Suspension

A. The President of the Association, the chair of any department, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, or the Director shall have the authority, whenever immediate action must be taken to reduce a substantial likelihood of imminent impairment to the health or safety of any patient, any prospective patient, any

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

employee, or any other person present in the Medical Center, to recommend to the Director that all or any portion of the clinical privileges of a practitioner be summarily suspended, and such summary suspension shall become effective immediately upon imposition by the Director; provided that in cases of emergency where there is a likelihood of direct and immediate danger to the health or safety of any person, the Chief Medical Officer, or his/her authorized representative in his/her absence, may temporarily suspend all or any portion of the clinical privileges of a practitioner for a period not to exceed three (3) working days (excluding weekends and holidays) pending investigation and action by the Director.

B. Notwithstanding any other provision of these bylaws, when no person or body authorized by these bylaws is available to summarily suspend clinical privileges, the Governing Body or its designee may temporarily suspend all or any portion of the clinical privileges of a practitioner where there is a substantial likelihood of imminent impairment to the health or safety of any person so long as the Governing Body has, before the suspension, made reasonable attempts to contact the Executive Committee and the Director. A summary suspension by the Governing Body which has not been ratified by the Executive Committee and the Director within two (2) working days (excluding weekends and holidays) after the suspension, shall automatically terminate; provided that additional such summary suspensions may be imposed by the Governing Body, not to exceed a total of five (5) working days for the entire period of the summary suspension, if the Executive Committee is unable to meet to ratify the summary suspension.

C. A summary suspension shall become effective immediately upon imposition, and the person or body responsible therefore shall promptly give oral or written notice of the summary suspension to the practitioner, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director. The notice of suspension given to the Executive Committee shall constitute a request for corrective action, and the corrective action process set forth in Section 1 of this Article VI shall be followed. The summary suspension shall continue in effect during the pendency of the corrective action process and of the hearing and appellate review process under Article VII unless the summary suspension is previously terminated as provided in these bylaws.

D. A practitioner whose clinical privileges have been summarily suspended shall not be entitled to request a hearing on the matter under Article VII until after the corrective action process set forth in Section 1 of this Article VI has been complied with and the Director has taken action under the corrective action process pursuant to Section 1(G) of this Article VI and then only if the action taken constitutes grounds for a hearing under Article VII.

E. Immediately upon the imposition of a summary suspension, the Director, the Chief Medical Officer, or responsible department chair shall have authority to provide for alternative medical coverage for the patients of the suspended practitioner still in the Medical Center at the time of such suspension.

### Section 3: Automatic Suspension

A. General:

In the circumstances described in Sections 3(B), 3(C), 3(D) and 3(E), a practitioner's

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

Association membership and/or clinical privileges shall be terminated, suspended, or limited, as described, which action shall be final and shall not subject to a hearing or appellate review under Article VII, except where a bona fide dispute exists as to whether the circumstances have occurred.

### B. License:

- i. Revocation or Expiration: Whenever a practitioner's license authorizing him/her to practice in this State or his/her certificate under Business and Professions Code Section 2113 is revoked or has expired, his/her Association membership and clinical privileges shall be immediately and automatically terminated.
- ii. Restriction: Whenever a practitioner's license authorizing him/her to practice in this State or his/her Section 2113 Certification is limited or restricted by the applicable licensing authority, those clinical privileges which he/she has been granted that are within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated.
- iii. Suspension: Whenever a practitioner's license authorizing him/her to practice in this State or his/her Section 2113 Certification is suspended by the applicable licensing authority, his/her Association membership and clinical privileges shall be automatically suspended effective upon and for at least the term of the license suspension.
- iv. Probation: Whenever a practitioner is placed on probation by the applicable licensing authority, his/her applicable Association membership status and clinical privileges shall automatically become subject to the terms of the probation effective upon and for at least the term of the probation.

### C. Drug Enforcement Administration Certificate:

- i. Revocation or Expiration: Whenever a practitioner's Drug Enforcement Administration certificate is revoked or has expired, he/she shall immediately and automatically be divested of his/her right to prescribe medications covered by the certificate.
- ii. Restriction: Whenever a practitioner's Drug Enforcement Administration certificate is limited or restricted, his/her right to prescribe medications within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated.
- iii. Suspension: Whenever a practitioner's Drug Enforcement Administration certificate is suspended, he/she shall automatically be divested, at a minimum, of his/her right to prescribe medications covered by the certificate effective upon and for at least the term of the license suspension.
- iv. Probation: Whenever a practitioner's Drug Enforcement Administration certificate is subject to an order of probation, his/her right to prescribe medications covered by the certificate shall automatically become subject to the terms of the probation effective upon and for at least the term of the

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

probation.

D. Exclusion from participation in the Medicare, Medicaid and Federal health care programs:

Whenever a practitioner is excluded from participation in the Medicare, Medicaid, and all Federal health care programs, his/her Association membership and clinical privileges shall be immediately and automatically terminated.

~~D~~E. Insurance:

For any failure to maintain the programs of insurance as described in Article XV, a practitioner's Association membership and clinical privileges shall be immediately and automatically suspended and shall remain suspended until the practitioner provides evidence satisfactory to the Chief Medical Officer that he/she has secured such programs of insurance in the amounts required. If the practitioner fails to provide such evidence within three (3) months after the date the automatic suspension became effective, then the practitioner shall be deemed to have voluntarily resigned his/her Association membership and clinical privileges as of the last date of such three (3) month period.

F. Incomplete Medical Records:

Members are required to complete medical records within the time prescribed in the relevant Rules and Regulations and/or Medical Center policies. Failure to timely complete medical records shall result in an automatic suspension after notice is given as provided in the Rules. Such suspension shall apply to the member's right to admit, treat or provide services to new patients in the Medical Center, but shall not affect the right to continue to care for a patient the member has already admitted or is treating. The suspension shall continue until the delinquent medical records are completed.

~~E~~. G. Dues:

For any failure to promptly pay annual dues to the Association if any dues are approved pursuant to these bylaws, a practitioner's Association membership and clinical privileges shall be immediately and automatically suspended and shall remain suspended until the practitioner provides evidence satisfactory to the Chief Medical Officer that he/she has paid such dues in the amount required. If the practitioner fails to provide such evidence within three (3) months after the date the automatic suspension became effective, then the practitioner shall be deemed to have voluntarily resigned his/her Association membership and clinical privileges as of the last date of such three (3) month period.

~~F~~. H. As soon as practicable after action is taken as described in Section 3 (B), Subsections ii, iii, or iv, or in Section 3C of this Article VI, the Executive Committee shall convene to review and consider the facts upon which such action was predicated. The Executive Committee, or any other person or body authorized by these bylaws to request corrective action, may request additional corrective action based upon information disclosed or otherwise made available, and in such event, the corrective action process set forth in Section 1 of this Article VI shall be followed as to such additional corrective action. Except as to any such additional corrective action, the

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

affected practitioner shall not be entitled to a hearing and appellate review under Article VII.

~~G.~~ I. Whenever a practitioner's clinical privileges are automatically suspended or restricted in whole or in part, notice of such suspension or restriction will be given to the practitioner, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director. However, the giving of such notice shall not be required in order for any automatic suspension or restriction to become effective. Upon the effective date of an automatic suspension or restriction, the Director, the Chief Medical Officer, or the responsible department chair shall have authority to provide for alternative medical coverage for the patients of the suspended or restricted practitioner still in the Medical Center at the time of such suspension or restriction.

### Section 4: Exhaustion of Remedies

If any routine corrective action, summary suspension, or automatic suspension, as set forth in Sections 1, 2 and 3 of this Article VI, is taken or recommended, the practitioner shall exhaust all the remedies afforded by these bylaws before resorting to any legal action.

## ARTICLE VII: HEARING AND APPELLATE REVIEW PROCEDURE

### Section 1: Definitions

- A. "Body whose decision prompted the hearing" means the person who, or body which, pursuant to the Association bylaws, rules and regulations, rendered the decision which resulted in a hearing being requested.
- B. "Notice" means a written communication sent by certified or registered mail, return receipt requested.
- C. "Person who requested the hearing" means the applicant or Association member, as the case may be, who has requested a hearing pursuant to Section 2 of this Article VII.

### Section 2: Request for Hearing

- A. In all cases in which the person or body which, under these bylaws, has the authority to take, and pursuant to this authority, has taken, any of the actions constituting grounds for hearing as set forth in Subsection B of this Section 2, the applicant or Association member, as the case may be, shall promptly be given notice. Such applicant or member shall have fifteen (15) days following the date of the receipt of such notice within which to request a hearing by the Judicial Review Committee hereinafter referred to. Such request shall be by notice to the Chief Medical Officer. In the event the applicant or member does not request a hearing within the time and in the manner hereinabove set forth, he/she shall be deemed to have accepted the action involved, and it shall thereupon become final and effective immediately, subject to Article XVIII.
- B. Except as otherwise provided in these bylaws, any one or more of the following actions shall constitute grounds for a hearing:
  - i. Denial of Association membership;



## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

- ii. Denial of requested advancement in Association membership category;
  - iii. Denial of Association reappointment;
  - iv. Demotion to lower Association membership category;
  - v. Suspension of Association membership;
  - vi. Revocation of Association membership;
  - vii. Denial of requested privileges;
  - viii. Involuntary reduction of privileges;
  - ix. Suspension of privileges;
  - x. Termination of privileges;
  - xi. Requirement of consultation; and
  - xii. Any other action which requires a report to be made to the Medical Board of California or other appropriate State licensing agency, pursuant to California Business and Professions Code Section 805.
- C. Upon receipt of a request for hearing, the Chief Medical Officer shall deliver such request to the Executive Committee at its next regular or special meeting, if such is deemed necessary by the President of the Association. The Executive Committee shall, within fifteen (15) days after receipt of such request, schedule and arrange for a hearing. The date of the commencement of the hearing shall not be less than thirty (30) days nor more than sixty (60) days from the date of receipt of the request by the Chief Medical Officer for a hearing; provided that when the request is received from a member who is under suspension which is then in effect, the hearing shall be held as soon as the arrangements may reasonably be made, but not to exceed fifteen (15) days from the date of receipt of the request for hearing by the Chief Medical Officer.
- D. As a part of, or together with, the notice of hearing, the Executive Committee shall state in writing, in concise language, the acts or omissions with which the applicant or Association member is charged, a list of charges by chart number under question, or the reasons for the denial of the application or request of the applicant or Association member. If either party, by notice, requests a list of witnesses, then each party within fifteen (15) days of such request shall furnish to the other a list, in writing, of the names and addresses of the individuals, so far as is then reasonably known, who will give testimony or evidence in support of that party at the hearing.
- E. When a hearing is requested, the Executive Committee shall appoint a Judicial Review Committee which shall be composed of not less than five (5) members of the Active Staff who shall not have actively participated in the consideration of the matter involved at any previous level. Such appointment shall include designation of the chair. Knowledge of the particular matter on appeal shall not preclude a member from serving as a member of the Judicial Review Committee.

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

- 1591 F. Failure, without a showing of good cause by the person requesting the hearing, to  
1592 appear and proceed at such a hearing shall be deemed to constitute voluntary  
1593 acceptance of the recommendations or actions involved which shall become final and  
1594 effective immediately, subject to Article XVIII.  
1595
- 1596 G. Postponements and extensions of time beyond the time expressly permitted in these  
1597 bylaws may be requested by anyone but shall be permitted by the Judicial Review  
1598 Committee or its chair acting upon its behalf only on a showing of good cause.  
1599
- 1600 H. Within fifteen (15) days after final adjournment of the hearing (provided that in the  
1601 event the member is currently under suspension, this time shall be ten [10] days), the  
1602 Judicial Review Committee shall render a decision which shall be accompanied by a  
1603 report in writing to the body whose decision prompted the hearing, to the Executive  
1604 Committee, and to the chair of the involved department. The decision of the Judicial  
1605 Review Committee shall be to affirm, modify, or reverse the decision of the body  
1606 whose decision prompted the hearing. In all cases, a copy of such decision and report  
1607 shall be forwarded to the Director. The report shall contain a concise statement of the  
1608 reasons justifying the decision made. At the same time, a copy of the decision and  
1609 report shall be delivered to the person who requested the hearing by registered or  
1610 certified mail, return receipt requested.  
1611
- 1612 I. The decision of the Judicial Review Committee shall be considered final, subject only  
1613 to the right of appeal as provided in Section 4 of this Article VII.  
1614
- 1615 J. No person who requested the hearing shall be entitled to more than one hearing on any  
1616 single matter, which may be the subject of a hearing.  
1617

### 1618 Section 3: Hearing Procedure 1619

- 1620 A. Under no circumstances shall the hearing be conducted without the personal presence  
1621 of the person requesting the hearing unless he/she has waived such appearance in  
1622 writing or has failed without good cause to appear after appropriate notice.  
1623
- 1624 B. The hearings provided for in these bylaws are for the purpose of intraprofessional  
1625 resolution of matters bearing on conduct or professional competency. Accordingly,  
1626 neither the person requesting the hearing, the Executive Committee, nor the Director  
1627 shall be represented in any phase of the hearing or appeals procedure by an attorney at  
1628 law unless the Judicial Review Committee, in its sole discretion, permits both sides to  
1629 be represented by legal counsel. The person requesting the hearing shall be entitled to  
1630 be accompanied by and represented at the hearing only by a physician, dentist,  
1631 podiatrist, or clinical psychologist who is licensed to practice in the State of California,  
1632 who is not an attorney at law, and who, preferably, is a member in good standing of  
1633 the Association. The body whose decision prompted the hearing may appoint a  
1634 representative from the attending staff who shall present its decision and the materials  
1635 in support thereof and examine witnesses.  
1636
- 1637 C. The presiding officer at the hearing shall be the hearing officer or, if none has been  
1638 appointed in accordance with Subsection D of this Section 3, the chair of the Judicial  
1639 Review Committee. The presiding officer shall act to ensure that all participants in the  
1640 hearing have a reasonable opportunity to be heard, to present all oral and documentary  
1641 evidence, and that decorum is maintained. He/she shall be entitled to determine the  
1642 order of procedure during the hearing. He/she shall have the authority and discretion,

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

in accordance with these bylaws, to make all rulings on questions, which pertain to matters of law and to the admissibility of evidence.

- D. At the request of the person who requested the hearing, the Executive Committee, the Judicial Review Committee, or the Director, on his/her own request, the Director may appoint a hearing officer, who may be an attorney at law, qualified to preside at the hearing. ~~Such hearing officer may be legal counsel to Los Angeles County, provided that he/she acts during the hearing in accordance with this Article VII.~~ He/she must not act as a prosecuting officer, or as an advocate for the Medical Center, the Director, the Executive Committee, or the body whose decision prompted the hearing. If requested by the Judicial Review Committee, he/she may participate in the deliberations of such body and be a legal advisor to it, but he/she shall not be entitled to vote.
- E. The Judicial Review Committee shall maintain a record of the hearing by one of the following methods: by a certified shorthand or stenographic reporter present to make a record of the hearing or by a recording of the proceedings. The cost of any certified shorthand or stenographic reporter and any transcript shall be borne by the party requesting same. The Judicial Review Committee may, but shall not be required to, order that oral evidence shall be taken only on oath or affirmation administered by any person designated by such body and entitled to notarize documents in the State of California.
- F. At a hearing, both sides shall have the following rights: to ask Judicial Review Committee members questions which are directly related to determining whether they are impermissibly biased and to challenge such members, to call and examine witnesses, to introduce exhibits or other documents, to cross-examine any witness on any matter relevant to the issues, to impeach any witness, and to rebut any evidence. If the applicant or Association member does not testify in his/her own behalf, he/she may be called and examined as if under cross-examination. Any challenge to one or more members of the Judicial Review Committee shall be resolved by the Committee prior to continuation of the hearing.
- G. The hearing shall not be conducted according to the rules of law relating to the examination of witnesses or presentation of evidence. Any relevant evidence shall be admitted by the presiding officer if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. Each party shall have the right to submit a memorandum of points and authorities, and the Judicial Review Committee may request such a memorandum to be filed following the close of the hearing. The Judicial Review Committee may interrogate the witnesses or call additional witnesses if it deems it appropriate.
- H. The presiding officer shall have the discretion to take official notice of any matters, whether technical or scientific, relating to the issues under consideration which could have been judicially noticed by the courts of this State. Participants in the hearing shall be informed of the matters to be officially noticed, and they shall be noted in the record of the hearing. The person requesting the hearing shall have the opportunity to request that a matter be officially noticed or to refute the noticed matters by evidence or by written or oral presentation of authority. Reasonable additional time, not to exceed thirty (30) days, shall be granted, if requested, to present written rebuttal of any evidence submitted on official notice.

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

- I. The decision of the Judicial Review Committee shall be based on the evidence produced at the hearing. This evidence may consist of the following:
- i. Oral testimony of witnesses;
  - ii. Briefs or memoranda of points and authorities presented in connection with the hearing;
  - iii. Any materials contained in the Medical Center or Association personnel files regarding the person who requested the hearing, which have been made a part of the hearing record;
  - iv. Any and all applications, references, medical records and other documents, which have been made a part of the hearing record;
  - v. All officially noticed matters; and
  - vi. Any other admissible evidence.
- J. Except as otherwise required by law, at any hearing involving any of the grounds for hearing specified in Section 2, Subsection B, points i, ii, iii, or vii of this Article VII, it shall be incumbent on the person who requested the hearing to initially come forward with evidence in support of his/her position. In all other cases specified in Section 2, Subsection B of this Article VII, it shall be incumbent on the body whose decision prompted the hearing to initially come forward with evidence to support its decision. Thereafter, the burden shall shift to the person who requested the hearing to come forward with evidence in his/her support. In all cases in which a hearing is conducted under this Article VII, after all the evidence has been submitted by both sides, the Judicial Review Committee shall rule against the person who requested the hearing unless it finds that such person has proven, by a preponderance of the evidence, that the action of the body whose decision prompted the hearing was arbitrary, unreasonable, not supported by the evidence, or otherwise unfounded.
- K. The presiding officer may adjourn the hearing and reconvene the same at the convenience of the participants without special notice. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Judicial Review Committee shall thereupon, outside of the presence of any other person, conduct its deliberations and render a decision and accompanying report, in the manner and within the time as provided in Section 2, Subsection H of this Article VII.

### Section 4: Appeal to Director

- A. Within fifteen (15) days after receipt of the decision of the Judicial Review Committee, either the person who requested the hearing or the body whose decision prompted the hearing may request an appellate review by the Director. Such request shall be to the Director, in writing, and shall be delivered either in person or by certified or registered mail, return receipt requested. If such appellate review is not requested within such period, both sides shall be deemed to have accepted the action involved, and it shall thereupon become final and shall be effective immediately, subject to Article XVIII. The written request of appeal shall also include a brief statement of the reasons for appeal.

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

- B. The grounds for appeal from the hearing shall be: (1) substantial failure of any person or body to comply with the procedures required by these bylaws for the conduct of hearings and decisions upon hearings so as to deny due process and a fair hearing; or (2) the action taken by the Judicial Review Committee was arbitrary, capricious, with prejudice, or not supported by substantial evidence.
- C. In the event of any appeal to the Director, as set forth in the preceding Subsection B, the Director shall within fifteen (15) days after receipt of such notice of appeal, schedule and arrange for an appellate review. The Director shall cause the applicant or member to be given notice of the time, place, and date of the appellate review. The date of the appellate review shall not be less than thirty (30) days nor more than sixty (60) days from the date of receipt of the request for appellate review, provided that when a request for appellate review is from a member who is under suspension which is then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made and not to exceed thirty (30) days from the date of receipt of the request for appellate review. The time for appellate review may be extended by the Director upon a showing of good cause.
- D. When an appellate review is requested, the Director shall appoint an Appeal Board which shall be composed of an odd number of not less than five (5) Appeal Board members, one of whom shall be designated by the Director as chair. The Chief Medical Officer and the Dean of the Professional School concerned, if any, shall be Appeal Board members. The remaining members shall be taken from the administrative and/or attending staffs of the Medical Center, or, otherwise, at the discretion of the Director. Knowledge of the particular matter on appeal shall not preclude anyone from serving as a member of the Appeal Board.
- E. The proceedings of the Appeal Board shall be in the nature of an appellate hearing based upon the record of the hearing before the Judicial Review Committee, provided that the Appeal Board may, in its sole discretion, accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the Judicial Review Committee hearing. Each party shall have the right to present a written statement in support of his/her position on appeal, and in its sole discretion, the Appeal Board may allow each party or representative to personally appear and make oral argument. At the conclusion of oral argument, if allowed, the Appeal Board may thereupon, at a time convenient to itself, conduct deliberations outside the presence of the appellant and respondent and their representatives. The Appeal Board, after its deliberations, shall recommend, in writing, that the Director affirm, modify, or reverse the decision of the Judicial Review Committee, or refer the matter back to the Judicial Review Committee for further review and recommendations.
- G. Within fifteen (15) days after receipt of the recommendations of the Appeal Board, the Director shall render a final decision in writing and shall deliver copies thereof to the applicant or Association member and to the Executive Committee in person or by certified or registered mail, return receipt requested. The Director may affirm, modify, or reverse the decision of the Judicial Review Committee or, in his/her sole discretion, refer the matter back to the Judicial Review Committee for further review and recommendations.
- G. Except where the matter is referred back to the Judicial Review Committee for further review and recommendation in accordance with Subsection F of this Section 4, the final decision of the Director, following the appeal procedures set forth in this Section

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

4, shall be effective immediately and shall not be subject to further review. If the matter is referred back to the Judicial Review Committee for further review and recommendation, such Committee shall promptly conduct its review and report back to the Director within thirty (30) days except as the parties may otherwise stipulate in writing to extend such period. Within fifteen (15) days after receipt of the Judicial Review Committee's recommendations, the Director shall render a decision in writing and shall deliver copies thereof to the applicant or Association member and to the Executive Committee either in person or by certified or registered mail, return receipt requested. The Director may affirm, modify, or reverse the decision of the Judicial Review Committee, and such decision shall be final and effective immediately and shall not be subject to further review.

- H. Except as otherwise provided in these bylaws, no applicant or Association member shall be entitled, as a matter of right, to more than one appeal to the Director on any single matter which may be the subject of an appeal.

### Section 5: Exhaustion of Remedies

If any action described in Subsection B of Section 2 of this Article VII is taken or recommended, the practitioner shall exhaust all the remedies afforded by these bylaws before resorting to any legal action.

## ARTICLE VIII: MEETINGS

### Section 1: Annual Association Meeting

There shall be an annual meeting of the members of the Association. The election of officers of the Association and Association Members At Large shall take place at this meeting.

The agenda for the annual meeting shall be:

- i. Call to order;
- ii. Acceptance of the minutes, as amended if needed, of the last annual and of all intervening special meetings;
- iii. Unfinished business;
- iv. Reports from the Chief Medical Officer and Chief Executive Officer;
- v. Report from the PSA President (optional);
- ~~v.~~ vi. Reports of the departments;
- ~~vi.~~ vii. Reports of the committees;
- ~~vii.~~ viii. Election of officers and Association Members At Large when required by these bylaws;
- ~~viii.~~ ix. Discussion and recommendations for improvement of the professional work of

the Medical Center;

~~ix. x.~~ New business; and

xj. Adjournment.

## Section 2: Special Association Meetings

Special meetings of the Association may be called at any time by the President or by the Executive Committee. The President shall call a special meeting within thirty (30) days after receipt by him/her of a written request for the same, signed by not less than twenty-five (25) of the Active Staff members of the Association addressed to the President and stating the purpose for such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting. The agenda for a special meeting shall be:

- i. Reading of the notice calling the meeting;
- ii. Transaction of business for which the meeting was called; and
- iii. Adjournment.

## Section 3: Committee and Department Meetings

### A. Regular Meetings:

Committees and departments may, by resolution, provide the time for holding regular meetings and no notice other than such resolution shall then be required. Each department shall hold regular meetings at least quarterly to review and evaluate the clinical activities of the department.

### B. Special Meetings:

A special meeting of any committee or department may be called by, or at the request of, the chair thereof, the President ~~of the Association~~, or by one-third of the group's current members but not less than two (2) members.

## Section 4: Notice of Meetings

Written or printed notice stating the place, day, and hour of any Association meeting or of any regular committee or department meeting not held pursuant to resolution shall be delivered either personally or by United States mail or County mail to each person entitled to be present there no less than seven (7) days nor more than twenty (20) days before the date of such meeting, except that notice of the annual Association meeting shall be delivered at least ten (10) days prior to the meeting. Notice of special committee or department meetings may be given orally. If mailed by United States mail, the notice of the meeting shall be deemed delivered when deposited, postage prepaid, in the United States mail addressed to each person entitled to such notice at his/her address as it appears on the records of the Medical Center. If mailed by County mail, the notice of the meeting shall be deemed delivered when deposited in the Medical Center Mail Distribution Center addressed to each person entitled to such notice at his/her address as it appears on the records of the Medical Center. Personal attendance at a meeting shall constitute a waiver of the notice of any meeting.

Section 5: Quorum

~~For any Association, department or committee meeting, for which notice has been given, the number of voting members present, but not less than three (3) such members, shall constitute a quorum for the transaction of any business, including amendment of these bylaws.~~ the presence of twenty percent (20%) or three (3) of the voting members, whichever is greater, shall constitute a quorum for the transaction of any business, including amendment of these bylaws, except that in no event shall the presence of less than twenty percent (20%) or three (3) voting members constitute a quorum. At the option of the presiding officer of the committee or department, committee or department meetings may occur, and official action may be taken by telephone conference or members may participate by other form of electronic communication so long as the electronic mode of communication allows all participating members to hear and be heard by all other participating members. However, all meetings of the Executive Committee, the Performance Improvement Committee and Credentials Committee must be held in person, and members of such committees may not participate by telephone or other electronic means of communication.

Section 6: Conduct of Meetings

All meetings shall be conducted according to these bylaws. Where not otherwise specified, the latest edition of Roberts' Rules of Order shall prevail, provided that any technical departure from such rules, as determined in the sole judgment of the presiding officer of the meeting, shall not invalidate any action taken at a meeting.

Section 7: Manner of Action

Except as otherwise specified, the action of a majority of the voting members present and voting at any meeting at which a quorum exists shall be the action of the group. For purpose of this section, members who are participating by telephone or other electronic means as permitted in Section 5 of this Article VIII are considered present. Action may be taken without a meeting by the Association or any committee or department by written notice setting forth the action so taken, signed by each member entitled to vote thereat.

Section 8: Minutes

Minutes of all meetings shall be prepared and maintained in a permanent record and shall include a record of attendance and the vote taken on each matter. The minutes shall be signed by the presiding officer. The Association Secretary shall maintain a permanent file of the minutes of Association and committee meetings, and each department shall maintain a permanent file of the minutes of department meetings.

Section 9: Attendance Requirements

A. Regular Attendance:

Each member of a membership category required to attend meetings under Article III shall be required to attend:

- i. Association Meetings: The representative(s) of each department, as appointed



## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

pursuant to Article XI, Section 5 (A)(xv), or the representative's designee shall be required to attend all annual and special Association meetings during his/her term as representative. The representatives shall report to their departments the proceedings and actions of such meetings. All other Association members are encouraged to attend all annual and special Association meetings. Other interested persons may attend the annual and special Association meetings at the discretion of the President of the Association.

ii. Committee and Department Meetings: Each member in the Active Staff shall be required to attend not less than fifty (50) percent of all meetings of each committee or department of which he/she is a member in each Association Year.

iii. A member is considered to have attended a meeting if he or she attends by telephone or other permitted electronic means where such alternative form of attendance is allowed pursuant to Section 5 of this Article.

### B. Absence from Meetings:

Any member who is compelled to be absent from any Association, committee or department meeting shall promptly provide to the regular presiding officer thereof the reason for such absence. Unless excused for good cause by such presiding officer, failure to meet the attendance requirements of Subsection A above may be grounds for any of the corrective actions specified in Article VI, and including, in addition, removal from such committee or department. Committee or department chairs shall report all such failures to the Executive Committee. Reinstatement of an Association member whose membership has been revoked because of absence from meetings shall be made only on application, and any such application shall be processed in the same manner as an application for initial appointment.

### C. Special Appearance:

A member whose patient's clinical course of treatment is scheduled for discussion at a committee or department meeting shall be so notified by the committee or department chair and shall be required to attend. Whenever apparent or suspected deviation from standard clinical practice is involved, the notice to the member shall so state, shall state the time and place of the meeting, shall be given by certified or registered mail, return receipt requested, at least seven (7) days prior to the meeting, and shall include a statement that his/her attendance at the meeting at which the alleged deviation is to be discussed is mandatory.

Failure of a member to attend any meeting with respect to which he/she was given notice that attendance is mandatory, unless excused by the Chief Medical Officer upon a showing of good cause, may result in a summary suspension of all or any portion of the member's clinical privileges. If the practitioner makes a written request for postponement, which is received by the Chief Medical Officer within five (5) days after the date of the notice and which is supported by an adequate showing that his/her absence will be unavoidable, his/her attendance and presentation may be excused and postponed by the committee or department chair, or by the Chief Medical Officer if the chair is the practitioner involved, until not later than the next regular committee or department meeting; otherwise, the pertinent clinical information shall be presented

and discussed as scheduled.

Section 10: Confidentiality

All members and attendees shall agree, in writing, to keep the proceedings, records and activities of the Association, committees and departments confidential.

ARTICLE IX: OFFICERS

Section 1: Officers of the Association

- A. The elected officers of the Association shall be the President and President-elect.
- B. The Chief Medical Officer shall be an ex-officio officer of the Association serving as the Secretary and shall also be a voting member.

Section 2: Qualifications

Elected officers must be members of the Active Staff at the time of nomination and election and must remain Active Staff members in good standing during their term of office. Failure to maintain such status shall immediately and automatically create a vacancy in the office involved.

Section 3: Election of Officers and Association Members At Large

- A. The President-elect and the four (4) Association Members At Large shall each be elected for a two (2) year term at the annual Association meeting. Only Active Staff members shall be eligible to vote for the office of President-elect. Only Active Staff members shall be eligible to vote for the four (4) positions of Association Members At Large.
- B. The voting for the office of President-elect and the four (4) positions of Association Members At Large shall be by written ballot.

Election of the office of President-elect shall be by simple majority of the votes cast. In the event that there are three (3) or more candidates for such office and no candidate receives a majority, there shall be successive balloting, whereby the name of the candidate receiving fewest votes is omitted from each successive slate until a simple majority vote is obtained by one candidate. If two (2) candidates have the same number of least votes, both shall be omitted from the successive slate.

Election of the four (4) positions of Association Members At Large shall be by plurality of the votes cast with the four (4) candidates receiving the most votes being elected.

- C. The nominating committee shall consist of three (3) members, the current President-elect, who shall chair the committee, and two (2) Active Staff members appointed by the President ~~of the Association~~ at least two (2) months prior to the date of the annual Association meeting. This committee shall offer one or more nominees for the office of President-elect and four (4) or more nominees for the positions of Association Members At Large who must be Active Staff members. The list of nominees should be developed at least thirty (30) days prior to the date of the annual Association

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

meeting and distributed with the notice for the annual Association meeting. The report of this committee shall be appended to the announcement calling for the annual Association meeting.

- D. Nominations for President-elect may also be made by petition signed by at least five (5) Active Staff members accompanied by written consent of the nominee(s) and filed with the President at least ten (10) days prior to the annual meeting. In this event, the President shall promptly advise the membership of the additional nomination(s) by mail.

### Section 4: Term

Each elected officer and Association Member At Large shall serve a two (2) year term or until a successor is elected. The President-elect shall automatically succeed the President and shall serve a two-year term as President without further election. Officers shall take office on the first day of the Association Year following his/her election.

### Section 5: Vacancies

A vacancy in the office of President-elect during the term of office and vacancies in the positions of Association Members At Large shall be filled by the Executive Committee. If there is a vacancy in the office of the President, the President-elect shall serve out the remaining term of the President, and the Executive Committee shall appoint a new President-Elect. ~~and shall continue for the term for which he/she was elected.~~

### Section 6: Removal of Elected and Ex-Officio Officers and Association Members At Large

Except as otherwise provided, removal of an elected officer or an Association Member At Large may be effected by the Executive Committee, acting upon its own initiative or by a two-thirds vote of the members eligible to vote. Removal of an elected officer may be based only upon failure to perform the duties of the elected office as described in these bylaws or by failure to continue to meet the qualifications for the office. Removal of an Association Member At Large may be based only upon failure to perform the duties of the position held as described in these bylaws.

Removal of an ex-officio officer shall be effected by the Director acting on his/her own initiative.

### Section 7: Duties of Officers

#### A. President - The President shall:

- i. Act in coordination and cooperation with the Director, the Chief Medical Officer of Health Services, the Chief Executive Officer, the Chief Medical Officer, and the Deans of the Professional Schools, in all matters of mutual concern within the Medical Center;
- ii. Preside at all meetings of the Association;
- iii. Serve as chair of the Executive Committee;
- iv. Serve as ex-officio member of all other Association committees;

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

- v. Be responsible, in conjunction with the Chief Medical Officer, for the enforcement of the Association bylaws, rules and regulations, and for the Association's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner;
  - vi. Appoint, in consultation with the Chief Medical Officer and with approval of the Executive Committee, committee members and officers to all standing Association committees as listed in Article X except as otherwise provided in Article X;
  - vii. Represent the view, policies, needs and grievances of the Association to the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Chief Medical Officer;
  - viii. Be spokesman for the Association; and
  - ix. Perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, and by the Director.
- B. President-elect - In the absence of the President, he/she shall assume all the duties and have the authority of the President. He/she shall be the vice-chair of the Executive Committee and shall perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, and by the Director.
- C. Secretary - The Secretary shall:
- i. Keep accurate and complete minutes of all Association meetings and carry out other secretarial functions;
  - ii. Coordinate the cooperative efforts of the President ~~of the Association~~, the Chief Executive Officer, and where appropriate, the Deans of the Professional Schools, in all matters of mutual concern with the Medical Center;
  - iii. Receive, ~~and distribute~~ and interpret the policies of the Governing Body and the Director for the Association, and report to the Governing Body and the Director, through the Chief Medical Officer of Health Services, on the performance and maintenance of quality with respect to the medical care provided in the Medical Center;
  - iv. Attend to all procedures regarding application for membership in the Association, as detailed in these bylaws;
  - v. Serve as secretary of the Executive Committee, ~~to~~ implement their recommendations and ~~to~~ suggest items for their consideration;
  - vi. Refer appropriate items to the various other committees of the Association;
  - vii. With concurrence of the President, call and be responsible for, the agenda of all meetings of the Association;
  - viii. Serve as an ex-officio member of all committees of the Association; and

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

- ix. Perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, and by the Director.

### ARTICLE X: COMMITTEES

#### Section 1: General Provisions

There shall be an Executive Committee and such other standing and special committees as may from time to time be necessary and desirable to perform the Association functions described in these bylaws. The Executive Committee may by resolution establish a committee to perform one or more of the required Association functions.

The committees described in this Article X shall be the standing committees of the Association. Such committees shall be responsible to the Executive Committee.

Whenever these bylaws require that a function be performed by, or that a report or recommendation be submitted to, a named committee but no such committee exists, the Executive Committee shall perform such function or receive such report or recommendation or shall assign the functions of such committee to a new or existing committee of the Association or to the Association as a whole.

Unless otherwise specified, the members of the committees described in this Article X and the chairs thereof shall be appointed by the President subject to approval by the Executive Committee. Chairs of the committees must be Association members in good standing. Unless otherwise specified, each chair shall designate a vice-chair or co-chair from the members appointed.

Unless otherwise specified, each committee chair and member shall be appointed for a term of one (1) year and shall serve until the end of this period or until a successor is appointed, whichever occurs later, unless he/she sooner resigns or is removed. Any committee member, including the chair but not including a committee member serving ex officio, may be removed by a majority vote of the Executive Committee.

Unless otherwise specified, any vacancies on any committee shall be filled in the same manner in which an original appointment to such committee is made.

#### Section 2: Executive Committee

##### A. Composition:

The Executive Committee shall consist of the following:

- i. The elected and ex-officio officers of the Association, as described in Article IX, Section 1;
- ii. The immediate past President of the Association for the two-year period following his/her term as President;
- iii. The Chief Executive Officer;
- iv. The Associate and Assistant Chief Medical Officers of the Medical Center;

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

- v. The Quality Management Director;
  - vi. The chair of each department. Whenever a new clinical department is created, its chair shall become a member of the Executive Committee;
  - vii. Four (4) Association Members At Large elected from the Active Staff membership of the Association to serve two-year staggered terms;
  - viii. Chief Nursing Officer;
  - ix. President of the Olive View-UCLA Education and Research Institute;
  - x. President of the Medical Center's Faculty Council; and
  - xi. The Director and the Chief Medical Officer of Health Services are ex-officio members.
- B. Duties:
- i. To represent and to act on behalf of the Association in the intervals between Association meetings, subject to such limitations as may be imposed by these bylaws;
  - ii. To coordinate and implement the professional and organizational activities and policies of the Association;
  - iii. To coordinate the activities and general policies of the various departments and divisions;
  - iv. To receive and act upon reports and recommendations from Association committees, departments, and from special staff reports;
  - v. To formulate and approve policies of the Association not otherwise the responsibility of the departments;
  - vi. To provide the formal liaison for the Association with the Medical Center Administration, the Director, and, through the Director, the Governing Body, including, without limitation, for the purpose of meeting and conferring in good faith to resolve any dispute between the Association and the Medical Center Administration, the Director, or the Governing Body;
  - vii. To recommend action to the Chief Medical Officer and Chief Executive Officer on matters of medico-administrative nature;
  - viii. To make recommendations on Medical Center management matters to the Chief Executive Officer;
  - ix. To evaluate the health care rendered to patients in the Medical Center;
  - x. To fulfill the Association's accountability to the Governing Body for the health care rendered to patients in the Medical Center and to request sufficient

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

resources and set priorities for the attending staff to render quality health care;

- xi. To ensure that the Association is kept abreast of the licensing certification, and accreditation program and to assist in obtaining and maintaining the licensing, certification and accreditation status for the Medical Center;
- xii. To provide for the preparation of all Association programs or the delegation of this responsibility;
- xiii. To review the credentials, performance, professional competence, character and other qualifications of all applicants and to make recommendations to the Director for Association membership appointments and reappointments, assignments to departments, delineation of clinical privileges, and corrective action;
- xiv. To take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the Association, including the initiation and recommendation of and/or participation in Association corrective or review measures when warranted;
- xv. To assess and make recommendations regarding the decision to select, renew, modify or terminate an agreement for contracted health services. Such recommendations shall focus exclusively on the effect of the contracted health service on the quality of patient care where the contract involves the renewal, modification, amendment or termination of an exclusive contract for physician services in specific specialty. The Association's recommendation shall be made no later than 30 days after notice by the Chief Executive Officer, Director, or their designee to the President of an intention to select a contract for a department or service. Prior to reaching a final decision on an exclusive contract for physician services in a specific specialty, the Chief Executive Officer or Director shall consider any such recommendation which is made within the time period established in this section. ~~selection of contracted health services and the evaluation of such services through Department of Health Services' monitoring activities;~~
- xvi. To take reasonable steps to develop continuing education activities and programs for the Association;
- xvii. To report at the annual meeting of the Association;
- xviii. To determine the amount, if any, of the annual dues for each category of Association membership, which amount shall be subject to the approval of the Director whose approval shall not be withheld unreasonably; to collect all dues; to deposit all dues in an account in a bank located in California; and to expend dues funds out of such account for Association purposes only, in accordance with Section 5 of Article XVI; and
- xix. To retain independent legal counsel to represent the Association in a legal action or otherwise and to make payment of all related attorney fees, costs and expenses, using Association dues funds only, in accordance with Section 5 of Article XVI.

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

xx. To perform any other tasks assigned to it in these bylaws, or in the Rules and Regulations of the Association.

### C. Meetings:

The Committee shall meet monthly, shall maintain a permanent record of its proceedings and actions, and shall submit a monthly report to the Director through the Chief Medical Officer of Health Services, on its activities. Only Association members may vote on clinical ~~medical~~ matters.

## Section 3: Credentials Committee

### A. Composition:

The Executive Committee shall serve as the Credentials Committee.

### B. Duties:

- i. To review the credentials and other qualifications of all applicants and to make recommendations for membership appointment and reappointment, assignment to departments, and delineation of clinical privileges in accordance with Articles IV and V;
- ii. To review all information available regarding the competence of Association members, and as a result of such reviews, to make recommendations for the granting of privileges, appointments, and reappointments to Association membership, modification of Association membership, and the assignment of practitioners to the various departments, in accordance with Articles IV and V; and
- iii. To make a report to the Executive Committee in accordance with Articles IV and V on each applicant for Association membership or clinical privileges, including specific consideration of the recommendations from the department in which such applicant requests privileges.

### C. Meetings:

The Committee shall meet monthly, shall maintain a permanent record of its proceedings and actions and shall submit at least a quarterly report to the Executive Committee on its activities.

## Section 4: Healthcare Quality Board Committee

### A. Composition:

The Healthcare Quality Board Committee shall consist of the Chief Medical Officer, President-elect, ~~Quality Management Physician Advisor (who shall serve as chair of the Committee)~~, Physician member of the Association who acts as Chair, Quality Management Director, Chief Executive Officer, Chief Nursing Officer, Clinical Nursing Directors, Risk Manager, Utilization Management Director, Health Center representative, and additional members as needed.



## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

### B. Duties:

- i. To annually review, evaluate and recommend approval of the organizational wide Healthcare Quality Plan;
- ii. To establish systems to collect and analyze data and to identify potential problems in patient care;
- iii. To set priorities for data collection and action on problem correction;
- iv. To refer priority problems for assessment and corrective action to appropriate departments or committees;
- v. To review, evaluate and approve departmental and committee plans for monitoring, evaluating and improving patient care;
- vi. To receive a reports at least quarterly from each department on its healthcare quality activities for review and discussion;
- vii. To coordinate and monitor results of healthcare quality activities throughout the Medical Center;
- viii. To assist the Association and the Medical Center to meet the Joint Commission on Accreditation of Healthcare Organizations and other applicable requirements relating to healthcare quality;
- ix. To report relevant findings and results of performance improvement activity to the attending staff and Governing Body; and
- x. Cardiopulmonary Resuscitation (CPR) Subcommittee
  - a. To collect and analyze data on the incidence, quality of management and outcomes of cardiac arrests;
  - b. To ensure consistent response to Code Blues in the Medical Center by defining roles, duties and equipment and by audits of Code Blues; and
  - c. To ensure educational training.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 5: Infection Control Committee

### A. Composition:

The Infection Control Committee shall consist of at least two (2) members of the

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

Association; at least one (1) representative from each of the following Medical Center departments: Administration, Microbiology, Pharmacy, Environmental Health and Safety, Nursing, Dietary, Central Service, Housekeeping, and Facilities; and additional members as needed.

### B. Duties:

- i. Develop a Medical Center-wide infection control program which maintains infection control surveillance;
- ii. Develop a system for reporting, identifying, reviewing and analyzing the incidence and cause of nosocomial infections, including assignment of responsibility for the ongoing collection and analytic review of such data, and follow-up activities;
- iii. Develop a preventive and corrective program designed to minimize infection hazards, including establishing, reviewing, and evaluating aseptic, isolation and sanitation techniques;
- iv. Develop written policies defining special indications for isolation requirements;
- v. Coordinate action on findings from the attending staff's (including the Pharmacy and Therapeutics Committee's Antibiotic Subcommittee) review of the clinical use of antibiotics;
- vi. Act upon recommendations related to infection control received from the Chief Medical Officer, the Executive Committee, departments and other committees; and
- vii. Review sensitivities of organisms specific to the Medical Center.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 6: Pharmacy and Therapeutics Committee

### A. Composition:

The Pharmacy and Therapeutics Committee shall consist of at least five (5) members of the Association; at least one (1) representative from each of the following Medical Center departments: Nursing, Pharmacy, Administration; and additional members as needed.

### B. Duties:

The Committee shall be responsible for the development and surveillance of all drug utilization policies and practices within the Medical Center in order to assure optimum

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

clinical results and a minimum potential for hazards. The Committee shall assist in the formulation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, manufacture, distribution, use, safety procedures and all other matters relating to drugs in the Medical Center. It shall also perform the following specific functions:

- i. Serve as an advisory group to the attending staff, nurses, pharmacists, and the Medical Center Administration on matters pertaining to the choice and cost of available drugs;
- ii. Make recommendations concerning drugs to be stocked on the nursing unit floors and by other services;
- iii. Develop and review periodically a formulary or drug list for use in the Medical Center;
- iv. Evaluate clinical data concerning new drugs or preparations requested for use in the hospital; and
- v. Review all untoward or adverse drug reactions.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 7: Blood Utilization Committee

### A. Composition:

The Blood Utilization Committee shall consist of one (1) representative from each of the following departments: Anesthesia, Emergency Medicine, Medicine, Obstetrics and Gynecology, Pathology, Pediatrics and Surgery; one (1) representative from each of the following Medical Center departments: Blood Bank, and Nursing; and additional members as needed.

### B. Duties:

- i. Review blood component utilization;
- ii. Review whole blood usage;
- iii. Review each transfusion reaction;
- iv. Review the sources, adequacy, quality, and safety of the supply of blood and blood components;
- v. Develop proposed policies and procedures for the screening, distribution, handling and administration of blood and blood components; and

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

vi. Recommend improvement in transfusion policies, procedures and service.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 8: Medical Records Committee

### A. Composition:

The Medical Records Committee shall consist of, insofar as possible, at least one (1) representative from each of the following departments: Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry and Surgery; at least one (1) representative from each of the following Medical Center departments: Nursing, Medical Records and Administration; and additional members as needed.

### B. Duties:

i. Review and evaluate medical records, or a representative sample, to determine whether the medical records:

a. Properly describe the condition and diagnosis, the progress of the patient during hospitalization and at the time of discharge, the treatment and tests provided, the results thereof, and adequate identification of individuals responsible for orders given and treatment and tests rendered; and

b. Are sufficiently complete at all times to facilitate continuity of care and communications between individuals providing patient care services in the Medical Center; and

ii. Review and make recommendations for Association and Medical Center policies, rules and regulations relating to medical records, including completion, forms and formats, filing, indexing, storage, destruction, availability and methods of enforcement;

iii. Provide liaison with Medical Center Administration and medical records personnel on matters relating to medical records practices; and

iv. Assure that the Medical Center meets ~~the Joint Commission of Accreditation of Healthcare Organizations~~ requirements and Medicare's Conditions of Participation related to medical records.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

Section 9: Utilization Review Committee

A. Composition:

The Utilization Review Committee is multi disciplinary and shall consist of at least five (5) members of the Association; the ~~Physician Advisor~~; Physician member of the Association who acts as Chair, the Utilization Management Director; at least one (1) representative from each of the following Medical Center departments: Nursing, Administration, and Social Services; and additional members as needed.

B. Duties:

- i. Establish a utilization review plan which shall be approved by the Executive Committee;
- ii. Receive, review, and evaluate statistical data and associated information obtained or generated by the Medical Center's Utilization Review Unit; and
- iii. Oversee studies designed to evaluate the appropriateness of admissions to the Medical Center, length of stay, discharge practices, use of Medical Center services, and related factors which may contribute to the effective utilization of services. The committee shall communicate the results of its studies and other pertinent data to the Executive Committee and shall make recommendations for the utilization of resources and facilities commensurate with quality patient care and safety.

C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

Section 10: Research Committee

A. Composition:

The Executive Committee may either serve as the Research Committee or appoint the members and officers of the Research Committee. If appointed, the Research Committee shall be broadly representative and composed of at least five (5) Association members and such County personnel as deemed necessary by the Executive Committee, subject to approval by the Chief Medical Officer, the Chief Executive Officer, and the Director.

B. Duties:

The Committee shall monitor all research activities at the Medical Center involving both human subjects and non-human subjects, including, but not limited to:

- i. Review all requests for the performance of any type of medical research within the Medical Center and make recommendations to the Executive

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

Committee as to whether or not to grant permission to conduct such research at the Medical Center and whether such research must be performed in accordance with any stated conditions. Such recommendations shall be subject to approval by the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, and the Director;

- ii. Monitor all approved medical research projects in accordance with all Federal Food and Drug Administration and other requirements and require and receive from time to time, but not less than annually, written progress reports on all approved research projects;
- iii. Assure compliance with all Federal and State laws and regulations applicable to the approval, performance and monitoring of all medical research, including, but not limited to, oversight by an institutional review board as required by Federal and State laws and regulations; and
- iv. Review and approve the annual, detailed written report submitted by the Olive View-UCLA Education and Research Institute, not later than six (6) months after the end of the County fiscal year which it covers, of the medical research accomplished, the research in progress, and a description of the source and dollar amount of funds expended for research at the Medical Center during the County's previous fiscal year, prior to forwarding such report to the Director.

### C. Requests to Conduct Medical Research:

No Association member or other person shall perform any type of medical research at the Medical Center without first obtaining the approval of the Research Committee, the ~~Human Subject Protection Committee~~ Institutional Review Board (IRB) (as appropriate) of the Olive View-UCLA Education and Research Institute, the Animal Research Committee (as appropriate) of the Olive View-UCLA Education and Research Institute, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Director, and any other person or body whose approval is required under a County contract. No medical research shall be approved unless such research will contribute to or benefit health care for County patients and is conducted in accordance with a protocol which assures the protection of any human subjects involved that is approved by the IRB. All requests for permission to conduct medical research in the Medical Center must be in writing and in such form as may be required by the Committee and shall be accompanied by the written approval of the chair of each department involved.

### D. Meetings:

The Committee shall meet as necessary but not less than quarterly, shall maintain a permanent record of its proceedings and actions, and shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, and the Director on its activities.

## Section 11: Continuing Medical Education Committee

### A. Composition:

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

The Continuing Medical Education Committee shall consist of at least one (1) representative from each of the following departments: Ambulatory Care, Anesthesia, Emergency Medicine, Medicine, Obstetrics and Gynecology, Pathology, Pediatrics, Psychiatry, Radiology and Surgery; at least one (1) representative from Medical Center Administration; and additional members as needed.

### B. Duties:

- i. Plan, implement, coordinate, and promote ongoing clinical and scientific programs for attending staff and trainees. This includes:
  - a. Identifying the educational needs of the attending staff and trainees;
  - b. Formulating clear statements of objectives for each program;
  - c. Assessing the effectiveness of each program;
  - d. Choosing appropriate teaching methods and knowledgeable faculty for each program; and
  - e. Documenting attending staff and trainees participation in each program.
- ii. Maintain close liaison with the performance improvement program of the Medical Center in order to be apprized of problem areas in patient care, which may be addressed by a specific medical education activity;
- iii. Maintain close liaison with other Association and department committees to assure delivery of optimal patient care; and
- iv. Make recommendations to the Executive Committee regarding the educational needs of the attending staff.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 12: Bioethics Committee

### A. Composition:

The Bioethics Committee shall be multi disciplinary with both physician representatives and representatives from, but not limited to, the following disciplines: Nursing, Social Work, Administration, and clergy, and additional members as needed. The Chief Nursing Officer and Associate Chief Executive Officer shall be ex-officio members.

### B. Duties:

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

- i. Help assure that there is appropriate consideration of ethical issues which may be associated with decisions relating to patient care;
- ii. Review and advise concerning ethical patient care and policy issues referred to it by other Association committees, Medical Center staff, or other involved parties;
- iii. Educate themselves and offer education to other Medical Center staff concerning ethical issues (e.g., as they relate to patient care related policies, procedures, and clinical practices);
- iv. Offer consultation to all Medical Center departments. In this function, the Committee will serve as an advisory group but will not make specific decisions related to patient care. Rather, patient care decisions will be made by the patient and applicable practitioner; and
- v. Provide a twenty-four (24) hour on-call consultation availability.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 13: Medical Staff Aid Committee

### A. Composition:

The Medical Staff Aid Committee shall consist of at least three (3) members selected from any of the departments, and additional members as needed.

### B. Duties:

The Committee may receive ~~reports~~ statements of concern related to the health, well-being, or impairment, including, but not limited to, substance abuse and physical or mental illness, of Association members and, as it deems appropriate, may investigate such ~~reports~~ statements of concern and evaluate compliance by a practitioner with a monitoring agreements. These activities are separate from any attending staff corrective action functions. The Committee may, on a voluntary basis, provide such advice, counseling, or referrals to Association members as may seem appropriate. Such activities shall be confidential; however, in the event that any information received by the Committee clearly demonstrates that the health or known impairment of an Association member may pose an unreasonable risk of harm to patients, that information may be referred to the Executive Committee for corrective action pursuant to Article VI.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written



## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

(meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

### Section 14: Operative Services Committee

#### A. Composition:

The Operative Services Committee shall consist of the chairs of the departments of Surgery, Anesthesiology, and Obstetrics and Gynecology, other physician representatives from these departments, Area Nursing Supervisors from both Maternal Child Nursing and Surgical Services or their designees, Operating Room Nursing Supervisor, Labor and Delivery Nursing Supervisor, Administrator(s) assigned to the departments of Surgery, Obstetrics and Gynecology, Anesthesiology, and additional members as needed.

#### B. Duties:

- i. Establish or recommend policies and procedures for the effective operation of the Operating Room and the Labor and Delivery Suite;
- ii. Monitor the quality of care associated with operative and other major invasive procedures as the different departments interact in the care of patients and recommend ~~needed~~ actions to improve the quality of care;
- iii. Monitor Operating Room use and recommend ~~needed~~ actions to improve efficiency;
- iv. Assure that operating services policies, procedures, and practices are in compliance with all applicable laws and regulations and County and Medical Center policies, and assure that they are consistent, compatible, and coordinated with those of relevant departments and committees (e.g., Emergency Room, Admitting, Bed Control, Obstetrical Labor and Delivery Area, Infection Control, and Quality Management); and
- v. Tissue/Surgical Case Review Sub-Committee
  - a. Review of surgical cases in which a specimen tissue is removed, as well as from those cases in which no specimen is removed;
  - b. Review shall include the indications for surgery and all cases in which there is a major discrepancy between the pre-operative and post operative (including pathologic) diagnosis;
  - c. Develop proposed policies and procedures for selecting and monitoring the appropriate procedures, preparing the patient, performing the procedures, monitoring the patient, and post procedure care; and
  - d. This sub-committee shall submit a written quarterly report to the Operative Services Committee on its activities.

#### C. Meetings:

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

### Section 15: Interdisciplinary Practice Committee

#### A. Composition:

The Interdisciplinary Practice Committee shall consist of at least the Chief Nursing Officer; a representative of Medical Center Administration; an equal number of physician members appointed by the President and of registered nurses appointed by the Chief Nursing Officer; one (1) or more licensed or certified health professionals other than registered nurses who perform functions requiring standardized procedures; and additional members as needed.

#### B. Duties:

##### i. Standardized Procedures

- a. Consistent with the requirements of law and regulation, the Committee shall assist in developing ~~and shall review~~ standardized procedures that apply to nurses or allied health professionals; identify functions that are appropriate for standardized procedures; and review and approve standardized procedures, subject to review and approval by the Executive Committee review and if appropriate, modify existing standardized procedures;
- b. Standardized procedures shall only be approved after consultation with the departments involved and by affirmative vote of (i) a majority of administrative members, (ii) a majority of physician members, and (iii) a majority of nurse members.

##### ii. Credentialing Allied Health Professionals

- a. The Committee shall recommend policies and procedures for expanded role privileges for assessing, planning and directing the patient's diagnostic and therapeutic care rendered by allied health professionals;
- b. The Committee shall review allied health professionals' applications and requests for privileges and forward its recommendations and the applications on to the appropriate department;
- c. The Committee shall participate in allied health professional peer review and performance improvement; and
- d. The Committee shall serve as liaison between allied health professionals and the Association.

#### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

### Section 16: Risk Management Committee

#### A. Composition:

The Risk Management Committee shall be composed of ~~the~~ a Physician member of the Association who acts as Chair, Director of Quality Management, Associate Chief Executive Officer, Risk Manager, ~~Risk Management Physician Advisor~~, Director of Environmental Health and Safety; representatives from third party administrator and Nursing; and additional members as needed.

#### B. Duties:

- i. Reviewing Medical Center-wide risk management problems and trends;
- ii. Making recommendations on risk management events and trends;
- iii. Evaluating and updating current systems used to identify potential risks in the clinical aspects of patient care and safety;
- iv. Designing strategies to limit exposures in high-risk areas;
- v. Ensuring integration with performance improvement and safety management regarding issues in common;
- vi. Participating in loss prevention education;
- vii. Participating in risk management related policy development;
- ix. Maintaining communication with other Association committees;
- x. Reviewing settlements and judgments for risk management issues and making appropriate recommendations for follow-up activities; and
- xi. Reporting aggregated risk management data to Medical Center Administration.

#### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

### Section 17: Bylaws Committee

#### A. Composition:

The Bylaws Committee shall consist of at least three (3) members of the Association

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

and at least one (1) representative from Medical Center Administration.

### B. Duties:

The Committee shall review the bylaws and rules and regulations of the Association at least biennially to recommend any amendments needed.

### C. Meetings:

The Committee shall meet as needed at the request of its chair, shall maintain a permanent record of its proceedings and actions, and shall submit reports as necessary to the Executive Committee on its activities.

## Section 18: Graduate Medical Education Committee

### A. Composition:

The Graduate Medical Education Committee shall consist of one (1) representative from each of the following departments: Anesthesia, Emergency Medicine, Medicine, Obstetrics and Gynecology, Pathology, Pediatrics, Primary Care & Community Medicine, Psychiatry, Radiology and Surgery; at least (1) representative from Medical Center Administration; and additional members as needed.

### B. Duties:

- i. Help assure that medical education activities involving interns, residents and fellows at the Medical Center and ValleyCare are of high quality and in compliance with Accreditation Council for Graduate Medical Education requirements and Medical Center policies;
- ii. Provide comprehensive education goals and plans for post graduate trainees; and
- iii. Advise Medical Center Administration concerning the educational and institutional needs of the post graduate training programs.

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 19: Invasive Procedure Review Committee

### A. Composition:

The Invasive Procedure Review Committee shall consist of one (1) representative from each of the following departments: Anesthesiology, Emergency Medicine, Medicine, Obstetrics and Gynecology, Pediatrics and Surgery; and additional members as needed.

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

### B. Duties:

- i. The Committee shall conduct a continuous and ongoing review and evaluation of Medical Center-wide issues in regard to invasive procedures outside the operating room; and
- ii. Monitor the quality of care associated with operative and other major invasive procedures outside the operating room as the different departments interact in the care of patients and recommend ~~needed~~ actions to improve the quality of care;

### C. Meetings:

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Executive Committee on its activities.

## Section 20: Patient Safety Committee

### A. Composition:

The Patient Safety Committee shall be composed of at least two (2) members from the Association (where one shall serve as the chair of the committee); at least one (1) representative from each of the following Medical Center departments; Administration, Infection Control, Patient Safety Officer (who will serve as the co-chair of the Committee), Nursing Education, Environmental Health and Safety; and additional members as needed.

### B. Duties:

- i. Provide an ongoing proactive approach to reduce risk and promote patient safety at the Medical Center and ValleyCare;
- ii. Integrate patient safety as a priority into new processes and the redesign of existing processes, function and services;
- iii. Create a non-punitive culture thereby encouraging reporting of near misses, adverse events and sentinel events; and
- iv. Monitor compliance ~~of~~ with the Joint Commission's of Accreditation of ~~Healthcare Organizations~~ National Patient Safety Goals.
- v. Annually, conduct a proactive risk assessment of high risk process (i.e., failure mode and effects analysis), and redesign and improve the process to reduce the risk of errors and improve patient safety.

### C. Meetings:

The Committee will meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and the chair or his/her designee shall present a written (meeting minutes will suffice for this purpose) and oral report at least quarterly to the Healthcare Quality Board Committee and Executive Committee on its activities.

Section 21: Other Committees

The President, in consultation with the Chief Medical Officer, may establish and appoint special or ad hoc committees when deemed necessary. The appointment of such committees shall include the following:

- A. The members of the committee and its chair;
- B. The exact charge for which the committee is formed;
- C. To whom and when the committee shall report concerning its deliberations and/or actions; and
- D. The duration of service of the committee.

ARTICLE XI: ORGANIZATION

Section 1: Organization of the Association

The Association shall be organized into departments which are reflective of the scope of services provided within the Medical Center. Each department shall have a chair who is supervised by the Chief Medical Officer and who shall be responsible for the overall supervision of the clinical, educational, and research activities within his/her department.

The current departments are as follows:

- i. Anesthesiology
- ii. Emergency Medicine
- iii. Medicine
- iv. Neurology
- v. Obstetrics and Gynecology
- vi. Pathology
- vii. Pediatrics
- viii. Primary Care and Community Medicine
- ix. Psychiatry
- x. Radiology
- xi. Surgery

Notwithstanding the procedures set forth in Article XIX, the organization of the Association, as set forth in this Section 1, may be amended from time to time by the Executive Committee with the advice of Medical Center Administration, subject to the approval of the Director acting as delegate for the Governing Body. Prior to taking action regarding any proposed amendment, the Executive Committee, in its sole discretion, may request approval of the amendment at any annual or special Association meeting by the members present and eligible to vote, provided that a quorum exists. Following Executive Committee action, such amendment shall be effective only upon approval by the Director acting as delegate of the Governing Body, which approval shall not be withheld unreasonably. The President shall notify all the members of the Association of any approved amendment. Notwithstanding the above, it shall be exclusively within the control and discretion of the Director and the Governing Body to establish the scope and venue of services provided within the Medical Center, including, but not limited to, the creation,

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

elimination, consolidation or modification of specific departments of the Medical Center, provided that the Director and/or the Governing Body may request and consider the recommendations, if any, of the Executive Committee.

### Section 2: Assignment to Departments

Each practitioner shall be assigned membership in at least one department but may be granted membership and/or clinical privileges in one or more other departments. The exercise of privileges within each department shall be subject to the rules and regulations therein and to the authority of the department chair.

### Section 3: Functions of Departments

- A. Each department shall establish its own criteria consistent with the policies of the Medical Center and the Association for the granting of clinical privileges in the department, and such criteria must be approved by the Executive Committee.
- B. Each department shall have a performance improvement committee or committees to review and analyze on a peer group basis the ongoing monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients. Each departmental performance improvement committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit a written report at least quarterly to the department chair and the Healthcare Quality Board Committee on its activities.

### Section 4: Appointment and Removal of Department Chairs

The department chairs shall all be Active Staff members who are qualified by training, experience and demonstrated abilities to be chair of the particular department and shall be willing and able to discharge the functions of chair of the particular department. They shall be board certified in a specialty or subspecialty of the particular department or be able to establish, through the privilege delineation process, that they possess comparable competence. They shall be appointed by the Director, upon the recommendation of the Chief Medical Officer (after consideration of the recommendation of a search committee appointed by the Chief Medical Officer), the Chief Executive Officer and the Chief Medical Officer of Health Services. Each department chair shall serve until his/her successor is appointed unless he/she shall sooner resign or be removed. Removal of a department chair shall be effected by the Director acting either on his/her own initiative, following consultation with the Chief Medical Officer, the President, and the Chief Executive Officer, or on the recommendation of the Chief Medical Officer or the Executive Committee.

### Section 5: Responsibilities and Review of Department Chairs

- A. Each department chair shall be responsible for the following:
  - i. All clinical related activities of the department;
  - ii. All administrative related activities of the department, unless otherwise provided for by the Medical Center;
  - iii. The integration of the department into the primary functions of the

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

Association;

- iv. The coordination and integration of interdepartmental and intradepartmental services;
- v. The development and implementation of policies and procedures that guide and support the provision of services;
- vi. The recommendations for a sufficient number of qualified and competent persons to provide care/service;
- vii. Continuing surveillance of the professional performance of all persons in the department who have delineated clinical privileges in his/her department;
- viii. Recommending to the Executive Committee the criteria for clinical privileges that are relevant to the services provided in the department;
- ix. Recommending clinical privileges for each applicant and member of the department;
- x. The determination of the qualifications and competence of department personnel who are not practitioners and who provide patient care services;
- xi. The continuous assessment and improvement of the quality of care and services provided;
- xii. The maintenance of quality control programs, as appropriate;
- xiii. The orientation and continuing education of all persons in the department;
- xiv. Recommendations for space and other resources needed by the department;
- xv. Appointing at least one (1) representative from the department to attend the annual and any special meetings of the Association and assuring that each representative reports to the department after each such meeting;
- xvi. Assessing and recommending to the relevant Medical Center authority off-site sources for needed patient care services not provided by the department or the Medical Center;
- xvii. Be a member of the Executive Committee;
- xviii. Assist as necessary or required in the biannual evaluation of the Chief Medical Officer as indicated in Medical Center policy. This evaluation shall include, without limitation, a review of his/her leadership, administration, and academic/educational activities; and
- xix. Performance of such other duties as may from time to time be reasonable requested of him/her by the President, the Chief Medical Officer, the Executive Committee, the Chief Medical Officer of Health Services or the Director.



## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

- B. Each department chair shall undergo periodic review at least every four (4) years. The periodic review shall be performed by an ad hoc review committee appointed by the President, in consultation with the Chief Medical Officer. The committee shall be composed of not less than three (3) physicians which shall include one (1) from the chair's academic department in the applicable Professional School.

The committee should solicit comments from current and past members of the department and review personnel actions, administrative decisions, general functioning of the department, and academic/educational progress. In addition, the committee may identify areas of success and/or deficiencies which should be addressed.

The committee shall submit a written summary of its findings to the Chief Medical Officer. Information in the review will be used by the Chief Medical Officer as a component in the evaluation of the chair.

### ARTICLE XII: CONFIDENTIALITY, IMMUNITY, AND RELEASES

#### Section 1: Special Definitions

For the purposes of this Article, the following definitions shall apply:

- A. Information means records of proceedings, minutes, records, files, communications, reports, memoranda, statements, recommendations, data and other disclosures, whether in written or oral form, relating to professional qualifications, clinical ability, judgment, character, physical and mental health status, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.
- B. Representative means Los Angeles County and any officer, employee or agent thereof; the Association and any member, officer, department, service, division, board, or committee thereof; any other medical staff organization and any member, officer, department, service, division, board, or committee thereof; any other health care facility or organization and any officer, department, service, division, board, or committee thereof; and any person authorized by any of the foregoing to perform specific information gathering or disseminating functions.
- C. Third Party means any person or organization providing information to any representative.

#### Section 2: Authorizations and Conditions

By applying for, or exercising, clinical privileges or providing specified patient care services within the Medical Center, a practitioner:

- A. Authorizes representatives of the County of Los Angeles, the Medical Center, and the Association to solicit, provide and act upon any information bearing upon, or reasonably believed to bear upon, his/her professional ability and qualifications.
- B. Authorizes representatives and third parties to provide any information, including otherwise privileged or confidential information, concerning the practitioner to the Medical Center and the Association.

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

- C. Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative or third party who acts in accordance with the provisions of this Article.
- D. Acknowledges that the provisions of this Article are express conditions to his/her application for, and acceptance of, Association membership and the continuation of such membership, and/or to his/her application and exercise of clinical privileges or provision of specified patient care services at the Medical Center.

### Section 3: Confidentiality of Information

Information with respect to any practitioner submitted, collected, prepared, or maintained by any representative for the purpose of achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to clinical research, as well as any other information with respect to any Association, committee or department meeting, shall, to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than a duly authorized person nor be used in any way except as provided in these Bylaws ~~herein~~ or except as otherwise required by law. ~~However, this information may be disseminated to and used by committee members, department chairs, or their delegates for the purpose of fulfilling responsibilities established in these bylaws or the Rules and Regulations, or policies and procedures of the Association. Further, the Chief Executive Officer, the Governing Body and their designees may review, receive and utilize such confidential information for the purpose of enabling them to discharge their lawful obligations and responsibilities. Except as provided in these bylaws, d~~Dissemination of such information shall be made only where expressly required by law, pursuant to officially adopted policies of the Association or, where no official policy exists, only with the express approval of the Executive Committee. Such confidentiality shall extend also to any information submitted, collected, prepared, or maintained by any practitioner or any third party. This information shall not become part of any particular patient's file or of the general Medical Center records.

Inasmuch as effective peer review, the consideration of the qualifications of Association members and applicants to perform specific procedures and the evaluation and improvement of the quality of care rendered in the Medical Center, must be based on free and candid discussion, any breach of confidentiality of the discussions or deliberations of the Association, departments, divisions, or committees, except in conjunction with any other medical staff organization or health care facility or organization or any licensing authority, is outside appropriate standards of conduct for the Association and shall be deemed disruptive to the operations of the Association and the Medical Center. If it is determined that such a breach has occurred or is likely to occur, the Medical Center or the Executive Committee may undertake such corrective action as deemed appropriate.

It shall be the responsibility of each practitioner to obtain the release of any information requested by the Association or the Medical Center.

Notwithstanding any other provision of these bylaws, the Association, the Medical Center, and the County of Los Angeles, and their officers, employees, and agents, shall, to the fullest extent permitted by law, be entitled to utilize any information submitted, collected, prepared, or maintained by any practitioner, representative, or third party, in defense of any suit or claim brought against any or all of them relating to any act or omission of any practitioner.

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

### SECTION 4. PRACTITIONER ACCESS TO AND CORRECTION OF CONFIDENTIAL INFORMATION

A practitioner who is credentialed under these bylaws shall have access to his or her own credentials file, subject to the following provisions:

A. Notice of a request to review the file shall be given by the practitioner requesting access to the Chief Medical Officer or his or her designee at least three days before the requested date of review.

B. The practitioner may review and receive a copy of only those documents provided by or addressed personally to the practitioner. A summary of all other information, including peer review committee findings, letters of reference, proctoring reports, complaints, etc. shall be provided to the practitioner in writing, within two weeks. Such summary shall disclose the substance, but not the source, of the information summarized.

C. The review by the practitioner shall take place in the medical staff office, during normal business hours, with an Association officer or designee present.

B. A practitioner is permitted to request correction of information in his or her credentials file so long as the request is in writing, directed to the Chief Medical Officer, and includes a statement of the basis for the requested correction. The Chief Medical Officer, within a reasonable period of time will make a recommendation to the Executive Committee on whether a correction should be made, which shall make the final decision on the request. The Executive Committee shall promptly notify the practitioner of its decision. Notwithstanding the Executive Committee's decision, the practitioner has the right to add to his or her credentials file a statement responding to any information contained in the file. Any such written statement shall be addressed to the Executive Committee, which shall cause it to be placed in the credentials file immediately following review by the Committee.

### Section 4 5: Immunity from Liability

#### A. For Action Taken:

Each representative of the County of Los Angeles, the Medical Center, or the Association and all third parties shall, to the fullest extent permitted by law, be exempt from any liability to any practitioner for any damages or other relief for any action taken or statements or recommendations made within the scope of his/her duties.

#### B. For Providing Information:

Each representative of the County of Los Angeles, the Medical Center, or the Association, and all third parties, shall, to the fullest extent permitted by law, be exempt from any liability to any practitioner for any damages or other relief by reason of providing information to a representative of the County of Los Angeles, the Medical Center, or the Association, or to any other health care facility or organization or medical staff organization concerning any practitioner who is, or has been, an applicant to or member of the Association or who did, or does, exercise clinical privileges or provide specified patient care services at the Medical Center.

### Section 5 6: Activities and Information Covered

The provisions of this Article shall apply to all acts, communications, reports,

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

recommendations, and disclosures of any kind performed or made in connection with the activities of the Medical Center, the Association, or any other health care facility or organization or medical staff organization, concerning, but not limited to:

- A. Applications for appointment, clinical privileges or specified patient care services;
- B. Periodic reappraisals for reappointment, clinical privileges or specified patient care services;
- C. Corrective action;
- D. Hearings and appellate reviews;
- E. Performance data from the performance improvement program;
- F. Utilization reviews;
- G. Other Medical Center, Association, department, division, or committee activities related to monitoring and/or maintaining quality patient care and appropriate professional conduct; and
- H. National Practitioner Data Bank, peer review organizations, Medical Board of California, and similar reports.

### Section ~~6-7~~: Releases

Each practitioner shall, upon request of the Medical Center or the Association, execute general and specific releases in accordance with the express provisions and general intent of this Article. However, execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

## ARTICLE XIII: RULES AND REGULATIONS

### Section 1: Association Rules and Regulations

Subject to the approval of the Director, the Executive Committee shall adopt, amend, or repeal such rules and regulations of the Association as may be necessary to implement more specifically the general principles found within these bylaws including rules and regulations relating to corrective actions, fair hearing and appeals, credentialed, privileging and appointment. Such rules and regulations shall not be inconsistent with these bylaws or the policies of the Medical Center. Following Executive Committee action, such rules and regulations shall become effective only upon approval by the Director, which approval shall not be withheld unreasonably. Such rules and regulations shall be reviewed, and may be revised if necessary, at least every two (2) years. If there is any conflict between these bylaws and such rules and regulations, the bylaws shall govern. If significant changes are made in such rules and regulations, as determined by the Executive Committee, then Association members and other persons with clinical privileges shall be provided with revised texts.

### Section 2: Departmental Rules and Regulations

Subject to the approval of the Executive Committee and Director, each department shall

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

adopt, amend, or repeal its own rules and regulations for the conduct of its affairs and the discharge of its responsibilities. Such rules and regulations shall not be inconsistent with these bylaws, the rules and regulations of the Association, or the policies of the Medical Center. If there is any conflict between these bylaws and such rules and regulations, the bylaws shall govern.

### ARTICLE XIV: FEES AND PROFITS

#### Section 1: General Rules

Except as otherwise provided by County contract, no member of the Association shall bill, accept, or receive any fee or gratuity for any type of service rendered to any patient under the jurisdiction of the Medical Center, except as to those patients who are designated as private patients of that member upon admission or where a member is called as a consultant for a private patient of another member.

#### Section 2: Division of Fees

The practice of the division of fees under any guise whatsoever is forbidden, and any such division of fees shall be cause for exclusion from the Association.

#### Section 3: Research

No member of the Association shall receive any direct pecuniary gain from any patient or sources on behalf of any patient as a result of any research conducted in the Medical Center.

### ARTICLE XV: INDEMNIFICATION AND INSURANCE

#### Section 1. Indemnification

##### A. Indemnification by Certain Practitioners

Notwithstanding any other provision of these bylaws, each practitioner (other than a practitioner who (1) provides health services to a patient at the Medical Center within the scope of his/her employment as a County Civil Service employee, whether classified or unclassified, (2) provides health services to a patient at the Medical Center within the scope of a contract which he/she has entered into with the County and which has been approved by the Governing Body, or (3) provides health services to a patient at the Medical Center within the scope of a contract which has been entered into between a non-County entity and the County and which has been approved by the Governing Body) who renders services to and bills patients in the Medical Center shall indemnify, defend and hold harmless County, and its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including, but not limited to, demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with practitioner's acts and/or omissions arising from and/or relating to the services provided to such patients by such practitioner.

##### B. Indemnification by County

The County of Los Angeles, on behalf of the Medical Center, shall indemnify, defend and hold harmless the Association and its individual members ("Indemnitees") from and against losses and expenses (including reasonable attorney's fees, judgments, settlements, and all other costs)

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

incurred or suffered by reason of or based upon any threatened, pending or completed action, suit, proceeding, investigation, or other dispute relating or pertaining to any alleged act or failure to act with the scope of peer review, quality assessment or quality improvement activities including but not limited to:

(i) Acting as a member of or witness for a department, service, committee, or hearing panel;

(ii) As a person providing information to any Association or Medical Center group, officer, Governing Body member or employee for purposes of aiding in the evaluation of the qualifications, fitness or character of an Association member or applicant.

The County shall retain responsibility for the sole management and defense of any such claims, suits, investigations or other disputes against Indemnitees, including, but not limited to the selection of legal counsel to defend against any such action. The indemnity set forth in this section is expressly conditioned on Indemnitees' good faith belief that their actions and or communications are reasonable and warranted and in furtherance of the Association's peer review, quality assurance or quality improvement responsibilities in accordance with the purpose of the Association as set forth in these bylaws. In no event will the County indemnify any Indemnitee for acts or omissions taken, or not taken, in bad faith or in pursuit of the Indemnitee's private economic interests.

### Section 2: General Insurance Requirements

Without limiting any such practitioner's indemnification of County, each such practitioner shall provide and maintain the programs of insurance specified in this Article XVII. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by County, and such coverage shall be provided and maintained at the practitioner's own expense.

A. Evidence of Insurance: Certificate(s) or other evidence of coverage satisfactory to County shall be delivered to the Chief Medical Officer prior to any such practitioner rendering any services to any patient at the Medical Center. Such certificates or other evidence shall:

1. Specifically reference these bylaws.
2. Clearly evidence all required ~~coverages~~ coverage.
3. Contain the express condition that County is to be given written notice by mail at least thirty (30) days in advance of cancellation for all policies evidenced on the certificate of insurance.
4. Include copies of the additional insured endorsement to the commercial general liability policy, adding the County of Los Angeles, its Special Districts, its officials, officers and employees as additional insureds for all activities arising from and/or relating to the services provided by the practitioner.
5. Identify any deductibles or self-insured retentions for County's approval. The County retains the right to require the practitioner to reduce or eliminate such deductibles or self-insured retentions as they apply to County, or, require the practitioner to provide a bond guaranteeing payment of all such retained losses and related costs, including, but not limited to, expenses or fees, or both, related to investigations, claims administrations, and legal defense. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

- B. Insurer Financial Ratings: Insurance shall be provided by an insurance company acceptable to the County with an A.M. Best rating of not less than A:VII, unless otherwise approved by County.
- C. Failure to Maintain Coverage: Any failure by any such practitioner to provide and maintain the required insurance, or to provide evidence of insurance coverage acceptable to County, shall constitute a material violation of these bylaws and shall result in the immediate and automatic suspension of the practitioner's Association membership and clinical privileges as provided in Section 3 of Article VI. County, at its sole option, may obtain damages from the practitioner resulting from such breach.
- D. Notification of Incidents, Claims or Suits: Each such practitioner shall notify the County, or its authorized claims representative, by Department of Health Services incident report of any occurrence of disease, illness, death, injury to persons or destruction of property, or any malpractice, error, or event that is potentially compensable (e.g., any adverse event related to hospitalization or treatment, any deviation from expected outcomes). If a claim is made or suit is brought against the practitioner and/or the County, the practitioner shall immediately forward to the County, or its authorized claims representative, copies of every demand, notice, summons or other process received by him or his representative. In addition, each such practitioner shall cooperate with and assist the County, or its authorized representatives, in accordance with County and Medical Center procedures.
- E. Compensation for County Costs: In the event that any such practitioner fails to comply with any of the indemnification or insurance requirements of these bylaws, and such failure to comply results in any costs to County, the practitioner shall pay full compensation to County for all costs incurred by County.

Section 3: Insurance Coverage Requirements

- A. General Liability insurance (written on ISO policy form CG 00 01 or its equivalent) with limits of not less than the following:
- General Aggregate: \$2 million  
 Products/Completed Operations Aggregate: \$1 million  
 Personal and Advertising Injury: \$1 million  
 Each Occurrence: \$1 million
2. Automobile Liability insurance (written on ISO policy form CA 00 01 or its equivalent) with a limit of liability of not less than \$1 million for each accident. Such insurance shall include coverage for all owned, hired and non-owned vehicles, or coverage for any auto.
3. Workers' Compensation and Employers' Liability insurance providing workers' compensation benefits, as required by the Labor Code of the State of California or by any other state, and for which such practitioner is responsible. This insurance also shall include Employers' Liability coverage with limits of not less than the following:
- Each Accident: \$1 million  
 Disease - policy limit: \$1 million  
 Disease - each employee: \$1 million

## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

4. Professional Liability insurance covering liability arising from any error, omission, negligent or wrongful act of the practitioner, its officers or employees with limits of not less than \$1 million per occurrence and \$3 million aggregate. The coverage also shall provide an extended two-year reporting period commencing upon termination or cancellation of clinical privileges.

### ARTICLE XVI: GENERAL PROVISIONS

#### Section 1: Construction of Terms and Headings

Words used in these bylaws shall be read as the masculine or feminine gender and as the singular or plural, as the context requires. The captions or headings in these bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these bylaws.

#### Section 2: Executive Committee Action

Whenever these bylaws require or authorize action by the Executive Committee, such action may be taken by a subcommittee of the Executive Committee to which the Executive Committee has delegated the responsibility and authority to act for it on the particular subject matter, activity or function involved.

#### Section 3: Authority to Act

Action of the Association in relation to any person other than the members thereof shall be expressed only through the President of the Association or his/her designee or the Executive Committee or his/her or its designee, and they shall first confer with the Chief Executive Officer. Any member who acts in the name of the Association without proper authority shall be subject to such disciplinary action as the Executive Committee or the Chief Executive Officer may deem appropriate.

#### Section 4: Acceptance of Principles

All members of whatever category do by application for membership in the Association agree to be bound by the provisions of these bylaws, a copy of which shall be delivered to each member on his/her initial appointment and a copy of each amendment thereto which shall be promptly delivered after adoption. Any violation of these bylaws shall subject the applicant or member to such disciplinary action as the Executive Committee or the Chief Executive Officer may deem appropriate.

#### Section 5: Dues

Each member of the Association shall promptly pay annual dues to the Association, if any dues are approved pursuant to these bylaws.

Each year, the Executive Committee shall determine the amount, if any, of the annual dues for each category of Association membership, which amount shall be subject to the approval of the Director. Prior to taking any action regarding the dues, the Executive Committee, in its sole discretion, may request approval of the dues at any annual or special Association meeting by the members present and eligible to vote, provided that a quorum exists. Following Executive Committee action, the dues shall be effective only upon



## OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

approval by the Director, which approval shall not be withheld unreasonably. The President shall notify all members of any approved dues.

The Executive Committee shall collect all dues and shall deposit all dues in an account in a bank located in California. The Association, through the Executive Committee, shall expend dues funds out of such account only for Association purposes as described below, provided that all expenditures of dues funds shall require the signatures of both the President and the Chief Medical Officer. Such account shall be subject to audit by the Director and the County's Auditor-Controller.

The Association, through the Executive Committee, shall expend dues funds only for Association purposes as deemed appropriate and approved by the Executive Committee. These purposes may include, without limitation, (i) the provision of continuing education programs for the Association, and (ii) subject to all of the requirements stated below, the retention of independent legal counsel, including payment of all related attorney fees, costs and expenses, to represent the Association in a legal action or otherwise.

### Section 6: Representation of Legal Counsel

Notwithstanding any other provision of these bylaws, ~~(i)~~ the Association, through the Executive Committee, shall retain and be represented by such independent legal counsel only when necessary in order for the Association to exercise its rights, obligations or responsibilities as described in California Business and Professions Code Section 2282.5; ~~(ii)~~ The the Association, through the Executive Committee, shall not retain, be represented by, or make any payment for independent legal counsel, including, without limitation, payment of any related attorney fees, costs and expenses in connection with an action or matter against the County of Los Angeles and/or its Department of Health Services, until after the Executive Committee has met and conferred in good faith with the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director, acting both as the Director and as delegate for the Governing Body, to resolve the dispute(s) relating to the purpose of the proposed legal representation of the Association, which purpose shall be only as described in (i) immediately above, (iii) The the Association, through the Executive Committee, shall make all payments for the independent legal counsel, including, without limitation, all related attorney fees, costs and expenses, using dues funds only, (iv) the Association and shall be solely liable and responsible for the independent legal counsel, including, without limitation, for payment of all related attorney fees, costs and expenses; and (v) The the County of Los Angeles have no liability or responsibility for the independent legal counsel, including, without limitation, for payment of any related attorney fees, costs and expenses.

### ARTICLE XVII: CONFLICT OF INTERESTS

Notwithstanding any other provision of these bylaws, no person who is in any way involved in an application for, or the conduct of, any medical research project which is or may be performed in whole or in part at a Los Angeles County facility shall in any way participate in the County's approval or ongoing evaluation of such project, or in any way attempt unlawfully to influence the County's approval or ongoing evaluation of such project.

### ARTICLE XVIII: AUTHORITY OF DIRECTOR OF HEALTH SERVICES

#### Section 1: Approval

In accordance with the provisions of these bylaws, no appointment or reappointment to membership or grant of clinical privileges shall be effective unless and until approved by the Director, acting on behalf of the Governing Body, and no suspension or termination (including, without limitation, any denial of reappointment, but not including any automatic suspension or termination) of the membership or all or any portion of the clinical privileges of any person shall be effective unless and until approved by the Director acting on behalf of the Governing Body; provided that in cases of emergency where there is a likelihood of direct and immediate danger to the health or safety of any person, the Chief Medical Officer, or his/her authorized representative in his/her absence, may temporarily suspend all or any portion of the clinical privileges of any person for a period not to exceed three (3) working days (excluding weekends and holidays) pending investigation and action by the Director.

Section 2: Grant Privileges

Notwithstanding any other provision of these bylaws, the Director, acting on behalf of the Governing Body in his/her sole discretion, after considering the recommendations, if any, of the Executive Committee (except that the Director shall not consider the recommendations of the Executive Committee in instances where these bylaws authorize the Director to take action without such recommendations) and in the interest of patient care, shall have the authority to grant clinical privileges as well as modify, suspend or terminate the membership and/or all or any portion of the clinical privileges of any person in the attending staff.

Section 3: Civil Service Requirements

Notwithstanding any other provision of these bylaws, the Director, after considering the recommendations, if any, of the Executive Committee, shall have the authority to take such action as he/she deems necessary and appropriate relative to all aspects of the membership and/or clinical privileges of any person in order to accommodate and carry out orders of the County Civil Service Commission or other Civil Service requirements.

ARTICLE XIX: AMENDMENT OF BYLAWS

Except as otherwise provided in Section 1 of Article XI, these bylaws may be amended at any annual or special meeting of the Association, provided that notice of such business is sent to all members no later than ten (10) days before such meeting. The notice shall include the exact wording of the proposed amendment and the time and place of the meeting. To be adopted, an amendment shall require an affirmative two-thirds vote of those present and eligible to vote, provided that a quorum exists. Amendments shall be effective only if and when approved by the Governing Body, which approval shall not be withheld unreasonably. Neither the Association nor the Governing Body may unilaterally amend these bylaws.

ARTICLE XX: CONFLICTS

In the event of any conflict between the provisions of these bylaws and of any County ordinance or State or Federal law or regulation, the provisions of the latter shall govern.

OLIVE VIEW-UCLA MEDICAL CENTER - PSA BYLAWS

OLIVE VIEW-UCLA MEDICAL CENTER - PROFESSIONAL STAFF ASSOCIATION BYLAWS

APPROVED by the Professional Staff Association on February 11, 2005

~~Rona Molodow, M.D.~~ Gregory Moran, M.D.  
President - Professional Staff Association  
of Olive View-UCLA Medical Center

/

APPROVED by the Chief Executive Officer on February 11, 2005

~~Melinda Anderson~~ Gretchen McGinley  
Chief Executive Officer- Los Angeles County  
Olive View-UCLA Medical Center

/

APPROVED by the Chief Medical Officer of Health Services

on \_\_\_\_\_

~~Thomas Garthwaite, M.D.~~ Bruce Chernof, M.D.  
Chief Medical Officer of Health Services

Los Angeles County  
Department of Health Services

/

APPROVED by the Director of Health Services on \_\_\_\_\_

~~Thomas L. Garthwaite, M.D.~~ Bruce Chernof, M.D.  
Director, Los Angeles County  
Department of Health Services

/

APPROVED AS TO FORM:  
Raymond G. Fortner, Jr., County Counsel

*Anita D Lee*

by  
Anita Lee  
Principal Deputy County Counsel

/

APPROVED by the Governing Body on FEB 12 2008



*Yvonne B Burke*

Yvonne Burke  
Chair of the Board of Supervisors  
of Los Angeles County

ATTEST: SACHI A. HAMAI  
EXECUTIVE OFFICER  
CLERK OF THE BOARD OF SUPERVISORS

By *Sachi A. Hamai* Deputy

**ADOPTED**  
BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

18

FEB 12 2008

*Sachi A. Hamai*  
SACHI A. HAMAI  
EXECUTIVE OFFICER